MAXIMUS Federal Services

Case Number:	CM13-0030131		
Date Assigned:	11/27/2013	Date of Injury:	05/10/2010
Decision Date:	02/11/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology, has a subspecialty in Fellowship trained in Cardiovascular Disease and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 56-year-old female who reported an injury on 05/10/2010, due to cumulative trauma while performing normal job duties. The patient underwent an MRI in 03/2011 that revealed interval progression in the dimension, with distortion of the thecal sac, and the right lateral recess at the L3-4 level. The MRI also revealed a neural foraminal compromise at the L4-5, with impingement of the L4 nerve root. The patient's diagnoses included low back pain with radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

One (1) TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 112.

Decision rationale: The clinical documentation submitted for review did not provide a recent evaluation from the prescribing physician to support the need for a TENS unit. The Chronic Pain Guidelines recommend that the purchase of a TENS unit be based on a thirty-day clinical

trial, with documented objective functional benefit in pain relief. The clinical documentation submitted for review did not provide any evidence that the patient has previously used a TENS unit, or has undergone a thirty-day trial. Therefore, the purchase of a TENS unit would not be indicated. Additionally, there was no recent assessment to support the need for this type of treatment. As such, the requested TENS unit is not medically necessary or appropriate.

One (1) consultation with a rheumatologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GUIPCAR Group. Update of the clinical practice guideline for the management of rheumatoid arthritis in Spain. Madrid (Spain): Spanish Society of Rheumatology; 2011 Dec. 367 p. The Claims Administrator also cited the Table: Criteria for Referral of Recent-Onset A

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Chapter 6, page 163

Decision rationale: There was no recent clinical evaluation from the prescribing physician to support the need for a specialty consult. The ACOEM Guidelines recommend a specialty consultation when a patient's diagnoses are complicated, or has psychiatric overlay that would benefit from the expertise of a specialist when providing treatment planning. There was no recent clinical documentation to support the need for this kind of consultation. As such, the requested consultation with a rheumatologist is not medically necessary or appropriate.

twelve (12) aquatic therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Acupuncture Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The Chronic Pain Guidelines recommend aquatic therapy as an alternative to land-based therapy when there is a need for non-weight bearing while participating in active therapy. There was no recent clinical documentation from the prescribing physician to support the need for physical therapy, or the need for a non-weight bearing status during participation in active therapy. Therefore, the need for twelve (12) aquatic therapy sessions is not medically necessary or appropriate.