

Case Number:	CM13-0048849		
Date Assigned:	12/27/2013	Date of Injury:	12/29/2001
Decision Date:	02/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This is a 53 year-old male who was injured on 12/29/2001 while moving a heavy china cabinet. He injured his right shoulder and lower back, then developed multiple medical problems and depression. He has not returned to work. He has been diagnosed with right shoulder impingement syndrome, adhesive capsulitis; lumbar disc at L4/5 and L5/S1; severe lumbar muscle spasms; chronic low back pain; lumbar facet syndrome; right lumbar radiculopathy; s/p piriformis surgery. The IMR application shows a dispute with the 10/8/13 UR decision, which was from [REDACTED]. The UR letter was based on the 9/20/13 report, and recommends non-certification for TENS, naproxen, gabapentin, right shoulder injection, an interferential unit and EMG/NCV BLE.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Criteria for the use of TENS. Page(s): 114-121.

Decision rationale: According to the 9/20/13 report from [REDACTED], the patient has 9/10 back and 7/10 neck pain, and the case was settled with future medical care. Medications were reported to take the pain down 2-levels. Medications include: tramadol 50mg 1-2 tid; naproxen 550 bid; omeprazole 20mg bid; amitriptyline 50mg for sleep; gabapentin 600mg bid for neuropathic pain. The AME the patient had piriformis syndrome, but piriformis surgery did not improve his condition. [REDACTED] believes the major problem is with the L4/5 and L5/S1 discs. [REDACTED] states the patient's "TENS" or e-stim unit was an Interferential device from VQ Orthocare, rather than the TENS unit. [REDACTED] states the items denied by [REDACTED] were justified on his prior report. The prior report available for this IMR, is dated 8/14/13, pain is still 9/10 back, and 7/10 neck. It states the patient is concerned about not getting an interferential unit. The rationale is that the patient's TENS unit is no longer operational and he needs a replacement. Apparently he used a TENS unit daily and it helped reduce muscle spasm and pain. According to the MTUS guidelines, the indications for TENS are different from the indications for an Interferential unit. Neither TENS nor Interferential are recommended as a primary or isolated intervention. They may be used as an adjunct to a program of functional restoration. Both TENS and Interferential require documentation of failure of medications. The available reporting states the medications drop the patient's pain 2-levels. There is no reporting of outcomes of TENS or interferential in terms of pain relief and function. Despite the patient being provided a TENS in the past, he currently does not meet MTUS criteria for a TENS or for an Interferential unit.

Naproxen Sodium 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The reports from [REDACTED] states that the medications, which included naproxen reduced the patient's pain levels by 2-points on the 0-10 scale. The patient was reported to have 9/10 low back and 7/10 neck pain without medications. MTUS states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." The use of naproxen appears to be in accordance with MTUS guidelines.

Amitriptyline 50mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, online for Insomnia treatment.

Decision rationale: The medical reports state that amitriptyline was used to help the patient's insomnia. The patient is also reported to have depression and neuropathic pain. MTUS recommends amitriptyline, a TCA as first line treatment for neuropathic and possible non-neuropathic pain. ODG states it has been used for insomnia, but is best used as an option in patients with co-existing depression. The physician stated the medications, which included amitriptyline, decreased the patient's pain by 2-levels. The use of amitriptyline is in accordance with MTUS and ODG guidelines.

Gabapentin 600mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antielipesy drugs (AEDs). Page(s): 16-18.

Decision rationale: The patient is reported to have neuropathic pain. The pain levels in the lower back were reported as 9/10 and were reported as 7/10 for the neck and shoulder, dropping 2-levels with the medications, which included Neurontin. MTUS states a 30% reduction is moderate. Pain levels from 7/10 to 5/10 is about 30%. MTUS states: "Gabapentin is recommended for chronic neuropathic pain" The use of gabapentin is in accordance with MTUS guidelines.

Steroid injection to the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The 9/20/13 report notes the right shoulder is limited to 145 degs flexion and 100 degs abduction. He is reported to have pain about the right rotator cuff. Neers and Hawkins were positive on the right. MTUS/ACOEM states: "If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy" The requested shoulder injection is in accordance with MTUS/ACOEM guidelines.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS. Page(s): 114-121.

Decision rationale: According to the 9/20/13 report from [REDACTED], the patient has 9/10 back and 7/10 neck pain, and the case was settled with future medical care. Medications were reported to take the pain down 2-levels. Medications include: tramadol 50mg 1-2 tid; naproxen 550 bid; omeprazole 20mg bid; amitriptyline 50mg for sleep; gabapentin 600mg bid for neuropathic pain. The AME the patient had piriformis syndrome, but piriformis surgery did not improve his condition. [REDACTED] believes the major problem is with the L4/5 and L5/S1 discs. [REDACTED] states the patient's "TENS" or e-stim unit was an Interferential device from VQ Orthocare, rather than the TENS unit. [REDACTED] states the items denied by [REDACTED] were justified on his prior report. The prior report available for this IMR, is dated 8/14/13, pain is still 9/10 back, and 7/10 neck. It states the patient is concerned about not getting an interferential unit. The rationale is that the patient's TENS unit is no longer operational and he needs a replacement. Apparently he used a TENS unit daily and it helped reduce muscle spasm and pain. According to the MTUS guidelines, the indications for TENS are different from the indications for an Interferential unit. Neither TENS nor Interferential are recommended as a primary or isolated intervention. They may be used as an adjunct to a program of functional restoration. Both TENS and Interferential require documentation of failure of medications. The available reporting states the medications drop the patient's pain 2-levels. There is no reporting of outcomes of TENS or interferential in terms of pain relief and function. Despite the patient being provided a TENS in the past, he currently does not meet MTUS criteria for a TENS or for an Interferential unit.

EMG/NCS in the lower extremities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient is reported to have low back symptoms lasting over several years. MTUS/ACOEM guidelines state: "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." The H-reflex tests is a part of the NCS. The request for EMG/NCS for the lower extremities is in accordance with MTUS/ACOEM guidelines.