

Case Number:	CM13-0053932		
Date Assigned:	12/30/2013	Date of Injury:	10/21/2010
Decision Date:	03/11/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Pain Management 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:

The patient is a 48-year-old male with date of injury on 10/21/2010. The progress report dated 10/01/2013 by [REDACTED] indicates that the patient's diagnoses include: (1) Left sacroiliac joint pain, (2) Myofascial pain, (3) Lumbar facet joint pain at L3-S1, (4) Lumbar facet joint arthropathy, (5) Central disk bulge at L4-L5 and L5-S1, (6) Mild to moderate bilateral L4 neuroforaminal stenosis, (7) Lumbar sprain/strain, (8) Right knee internal derangement, (9) Status post right knee surgery. The patient continues with bilateral low back pain with right knee pain. The exam findings include tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3 to S1 facet joints. Lumbar and knee ranges of motion were restricted by pain in all directions. Positive right knee clicking. There was a continued request for consultation with psychologist for cognitive behavioral therapy for chronic pain and a 30-day rental of TENS unit for the right knee and lumbar spine. The utilization review letter dated 11/07/2013 issued non-certification of these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric Consult for right knee and lumbar spine chronic pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), pg 127

Decision rationale: The patient continues with low back pain and knee pain. The treating physician does not provide any discussion regarding psychiatric issues. I reviewed 5 reports between the dates of 04/25/2013 and 10/01/2013. The review of systems consistently showed a negative response to psychologic complaints. There were no subjective complaints of depression, anxiety, or psychosocial stressors indicated. ACOEM Guidelines page 127 states that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treating physician does not provide significant documentation to indicate the patient is struggling with psychosocial factors. Therefore, recommendation is for denial.

30 day rental of a TENS unit to the right knee and lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

Decision rationale: The patient continues with significant low back pain and knee pain. The treating physician has asked for a 30-day TENS unit trial and indicates the patient has failed conservative and surgical treatments. MTUS Guidelines page 116 regarding TENS unit therapy states that a 1-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidenced-based functional restoration. MTUS further states regarding criteria for the use of TENS includes: Documentation of pain of at least 3 months' duration and there is evidence that other appropriate pain modalities have been tried including medication and failed. The patient has undergone conservative and surgical treatments that have not provided adequate relief. The request for a 30-day trial of TENS unit therapy appears to be reasonable and supported by the guidelines noted above. Therefore, authorization is recommended.