

Case Number:	CM13-0064221		
Date Assigned:	01/03/2014	Date of Injury:	09/19/2006
Decision Date:	05/02/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery 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 expert 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 claimant is a 33 year old injured in work related accident on September 19, 2006. The records provided for review included a November 5, 2013 progress report by [REDACTED] noting a current diagnosis of lumbar discogenic disease, chronic low back pain, cervical discogenic disease, cervical strain, bilateral carpal tunnel syndrome and left knee internal derangement. Subjective complaints were continued hand, low back, neck and left knee pain described as unchanged. The examination showed diminished cervical range of motion with facet tenderness and pain with axial compression. The lumbar examination showed spasm, painful range of motion that was limited with diminished sensation in a left S1 dermatomal distribution. The left knee examination showed patellofemoral crepitation and positive Apley's test. There were bilaterally positive Phalen's and Tinel's testing. The recommendation was for continued use of a TENS unit which had been utilized, continued use of medications including Celebrex, Norco, a home medic massage unit, continued use of a single point cane and 12 additional sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home-Medic Massager: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index, Low Back-Massage.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Procedure, Massage.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. The Official Disability Guidelines do not recommend the Home-Medic massager. The ODG guidelines state that the Home-Medic Massager does not meet the Medicare definition of durable medical equipment. The specific request for home use is not indicated.

Norco 10/325mg, 2 tablets by mouth up to 3 times a day, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Opioids-Criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain Page(s): 76-80.

Decision rationale: Based on the CA MTUS Chronic Pain Guidelines continued use of Norco as a short acting analgesic is not indicated. The Chronic Pain Guidelines do not recommend the long term use of narcotic medication. The medical records do not indicate that this claimant is achieving significant improvement or benefit with this narcotic medication. The claimant's current clinical presentation, diagnosis and lack of documentation of improvement would support appropriate discontinuation of this agent at this time.

30 Days rental of Tens Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation TENS (transcutaneous electrotherapy) Page(s): 114-11.

Decision rationale: The CA MTUS Chronic Pain 2009 Guidelines do not support the chronic long term use of a TENS device. TENS devices are not recommended as a primary treatment modality. It is indicated the claimant has utilized the device for a significant period of time. Given the chronic nature of this claimant's current clinical presentation, continued use of a TENS unit as an isolated intervention is not supported.