

Case Number:	CM13-0069348		
Date Assigned:	01/03/2014	Date of Injury:	04/08/2011
Decision Date:	04/02/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/20/2013

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 Anesthesiology, 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 40-year-old female who reported an injury on 04/08/2011. The precise mechanism of injury was not provided. The recent documentation of 11/11/2013 revealed that the patient was having difficulty with GI problems and trouble with pain. There was indication that the examination of the cervical spine and lumbar spine was unchanged. There was lordotic curvature of the lumbar spine and the cervical spine was thrown forward per the physician's documentation. The patient's cervical spine had a loss of range of motion and the patient had upper extremity and lower extremity paresthesias. The patient's diagnosis was noted to be low back pain. The request was made for the replacement of a TENS unit and supplies for the low back, chiro/physiotherapy 2 times 6 to the lumbar/cervical spine, a CBC, a Chem 8, and a hepatic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement of TENS unit and supplies for the low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 115-116.

Decision rationale: California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate modalities have been trialed and failed. The clinical documentation submitted for review indicated the request was for a replacement of a TENS unit and supplies for the low back. There was lack of documentation indicating the patient's objective functional response to the TENS unit. There was lack of documentation indicating the patient had a trial of a TENS unit and had objective functional benefit. Given the above, the request for a replacement of TENS unit and supplies for the low back is not medically necessary.

Chiro/Physiotherapy 2x6 to the lumbar/cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58-59.

Decision rationale: California MTUS Guidelines indicate that manual therapy is recommended treatment of musculoskeletal pain. For the low back, it is recommended initially in the therapeutic trial of successions and with objective functional improvement for a total of up to 18 visits over 6 to 8 weeks. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. Clinical documentation submitted for review failed to provide the objective functional benefits from prior therapies. There was a lack of documentation indicating whether the patient had a recent exacerbation or if these were continued chronic complaints. Given the above, the request for chiro/physiotherapy 2 times 6 to the lumbar/cervical spine is not medically necessary.

CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Clinical documentation submitted for review failed to indicate a necessity for the requested testing. There was a lack of documented rationale to support the necessity. Given the above, the request for CBC is not medically necessary.

Chem 8:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Clinical documentation submitted for review failed to indicate a necessity for the requested testing. There was a lack of documented rationale to support the necessity. Given the above, the request for Chem 8 is not medically necessary.

Hepatic panel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70.

Decision rationale: California MTUS guidelines indicate that the package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Clinical documentation submitted for review failed to indicate a necessity for the requested testing. There was a lack of documented rationale to support the necessity. Given the above, the request for hepatic panel is not medically necessary.