

Case Number:	CM14-0003560		
Date Assigned:	01/31/2014	Date of Injury:	06/25/2012
Decision Date:	06/23/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/09/2014

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 Physical Medicine and Rehabilitation, 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 injured worker is a 60-year-old male with a reported date of injury of June 25, 2012. The worker was injured while pulling a sofa bed weighing 200 pounds to 300 pounds off a sidewalk curb. The progress report dated December 19, 2013 listed the diagnoses as chronic thoracic spine musculoligamentous sprain/strain, chronic lumbar spine musculoligamentous sprain/strain, lumbar degenerative disc disease/intervertebral disc with neural foraminal stenosis, most prominent at L3-4 and L4-5, confirmed by MRI scan on August 14, 2012, lumbar facet syndrome, lumbar radiculitis, sciatic neuritis, chronic myofasciitis, myositis, and myalgia, thoracolumbar and lumbosacral paravertebral musculature, history of anxiety, depression, sleep disorder, and erectile dysfunction. The progress note dated December 10, 2013 noted the injured worker has completed three out of four physical therapy and that he continued to have limited range of motion; however, most of the progress note was illegible. There was no request for authorization form submitted within the medical records. The request is for 1 Orthostim 4 unit and 1 pain management consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOSTIM 4 UNIT: 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 TENS
Page(s): 114-116.

Decision rationale: The injured worker has undergone physical therapy and has used pain medications for his pain. The Chronic Pain Medical Treatment Guidelines recommend TENS not as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines also state that the TENS unit does not appear to have an impact on perceived disability or long term pain. The guidelines also state high-frequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. The injured worker has undergone 15 sessions of physical therapy and there is a lack of documentation indicating whether a one-month trial has been attempted. It is unclear if the TENS unit would be used as an adjunct with a program of evidence-based functional restoration. The request for one Orthostim 4 unit is not medically necessary or appropriate.

1 PAIN MANAGEMENT CONSULT: 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 Opioids, ongoing management (pain consult) Page(s): 78.

Decision rationale: The provider recommended the injured worker undergo a pain management consult for an epidural steroid injection. The Chronic Pain Medical Treatment Guidelines recommend consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in three months. The injured worker has undergone a total of fifteen sessions of physical therapy but continues to have decreased range of motion to the lumbar spine. The injured worker has failed conservative treatments such as physical therapy, acupuncture, aquatic therapy and medications. The guidelines recommend considering a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in three months. There is a lack of documentation regarding the most recent medication regimen the injured had been taking as well as the efficacy of the medications. The provider recommended a pain management consult for an epidural steroid injection; however, within the provided documentation it did not appear the injured worker had significant objective findings which would indicate the injured worker's need for a referral for an epidural steroid injection within recent clinical documentation. The request for one pain management consultation is not medically necessary or appropriate.