

Case Number:	CM14-0121575		
Date Assigned:	08/06/2014	Date of Injury:	06/21/2000
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 61-year-old male who reported an injury on 06/21/2000. The mechanism of injury was not provided. On 05/25/2014, the injured worker presented with neck, back, and leg pain. Upon examination of the cervical spine, there was tenderness over the C5 and C6 facets and spasm elicited over the paraspinal musculature with trigger points on the trapezius. There was mildly restricted range of motion. Upon examination of the lumbar spine, there was spasm elicited and tenderness with trigger points over the L4-5 and pain and decreased range of motion. The diagnoses were cervical spine degenerative disc disease, lumbar spine degenerative disc disease, and left knee degenerative joint disease. Prior therapy included physical therapy and medications and surgery. The provider recommended a TENS unit and a pain management specialist. The provider's rationale was not provided. The Request for Authorization Form was dated 07/02/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transcutaneous Elictrical Nerve Stimulation Unit purchase # 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS, page(s) 116 Page(s): 116..

Decision rationale: The California MTUS does not recommend a TENS unit as a primary treatment modality. 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 studies are inconclusive and the published trials do not provide information on stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long term effectiveness. The efficacy of the injured worker's prior course of conservative care was not provided. It is unclear if the injured worker underwent an adequate TENS trial. Additionally, the provider's request did not indicate the site that the TENS unit is intended for in the request as submitted. As such, the request is not medically necessary and appropriate.

Eight pairs of electrodes: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Six Battery Units: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Unknown Pain Management Specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, page(s) 1 Page(s): 1.

Decision rationale: The California MTUS states that, if the complaint persists, the provider needs to reconsider the diagnosis and decide whether a specialist is necessary. The provider's rationale for a pain management specialist was not provided. A complete and adequate pain assessment of the injured worker was not provided in the documents for review. There is a lack of evidence on how a pain management specialist will help the provider evolve in a treatment plan for the injured worker. As such, the request is not medically necessary and appropriate.

