

Case Number:	CM14-0027442		
Date Assigned:	06/13/2014	Date of Injury:	06/26/2009
Decision Date:	07/16/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/04/2014

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 Internal Medicine and Emergency 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:

This patient is a 54-year-old with a date of injury of 06/26/09. A brief progress report associated with the request for services, dated 02/04/14, identified subjective complaints of low back pain and right ankle pain. Objective findings included a positive straight leg-raising and some weakness of the extensor hallucis. He was also noted to have tenderness and effusion of the ankle. Diagnoses included lumbar disc disease and ankle sprain. Treatment has included oral analgesics; however the use of said analgesics and need for detoxification is not specified. A Utilization Review determination was rendered on 02/12/14 recommending non-certification of "detoxification program; TENS unit for lumbar; and Jacuzzi for chronic lumbar pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

DETOXIFICATION PROGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification Program Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification; Opioids Page(s): 42;79.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) notes that detoxification is recommended and may be necessary due to (1) Intolerable side effects; (2) Lack

of response; (3) Aberrant drug behaviors as related to abuse and dependence; (4) Refractory comorbid psychiatric illness; or (5) Lack of functional improvement. The Guidelines also state that weaning should occur if there is no overall improvement in function or if requested by the patient. In this case, there is no documentation related to the use of opioids or any of the other aforementioned criteria. Therefore, the documentation provided does not support the medical necessity of detoxification.

TENS UNIT FOR LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 146.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines TENS Page(s): 114-117.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) states that TENS is not recommended for the low back. For other conditions, a one month trial is considered appropriate if used as an adjunct to an evidence-based program of functional restoration. The recommended types of pain include neuropathic pain, CRPS I and II, phantom limb pain, spasticity, and multiple sclerosis. For chronic intractable pain from these conditions, the following criteria must be met: Documentation of pain for at least three months duration. Evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented with documentation of how often it was used, as well as the outcomes in terms of pain relief and function. -Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. In this case, the TENS unit is being requested for a type of pain not specified as indicated for treatment. TENS is not recommended for the low back. Also, the multiple criteria noted above (documentation of duration of pain, other treatments, and goal plan) have not been met. Last, a one-month trial should be attempted. Therefore, there is no medical necessity for a TENS unit.

JACUZZI FOR CHRONIC LUMBAR PAIN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, DME.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) recommends aquatic therapy as an optional form of exercise to land-based physical therapy. Neither the MTUS nor Official Disability Guidelines (ODG) address whirlpool therapy or a jacuzzi. That form of aquatic therapy does not allow for an optional form of exercise as recommended. Therefore, the record does not document the medical necessity for a jacuzzi.

