

Case Number:	CM14-0047015		
Date Assigned:	07/07/2014	Date of Injury:	03/10/2006
Decision Date:	08/21/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/14/2014

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 Family Practice 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:

48 year old female claimant sustained a work injury on 3/10/06 involving the low back and knees. She was diagnosed with lumbar disc disease and underwent a lumbosacral fusion as well as bilateral knee derangements and underwent left knee surgery. She had developed chronic pain and depression. A progress note on 4/3/14 indicated the claimant had limited range of motion of the lumbar spine and decreased sensation in the L5-S1 region. Both knees were tender at the joint line. The treating physician continued oral analgesics and requested a transcutaneous electrical nerve stimulation (TENS) unit and 12 sessions of cognitive behavioral therapy as well as an orthopedic opinion and Synvysc injections. The request for a TENS unit had been made for several months and awaited approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy once a week for three months; 12 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM On-line version-Chronic Pain; Cognitive-behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral intervention Page(s): 23.

Decision rationale: According to the MTUS guidelines, Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, there is no documentation of failure with physical medicine or initial trial of CBT to determine objective improvement. The amount of 12 sessions of CBT exceeds the initial trial phase amount and is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 113-114.

Decision rationale: According to the MTUS guidelines, TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for multiple sclerosis, spasticity, phantom limb pain and Complex Regional Pain Syndrome (CRPS). The claimant does not have these diagnoses. In addition, the length of time for TENS use is not specified. Based on the above, the request for a TENS unit is not medically necessary.