

Case Number:	CM14-0058724		
Date Assigned:	07/16/2014	Date of Injury:	01/14/2008
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/29/2014

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 Nevada. 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 records presented for review indicate that this 58 year-old individual was reportedly injured on 1/14/2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 3/27/14, indicates that there are ongoing complaints of low back pain, leg pain, and hand pain. The physical examination demonstrated bilateral wrist: decrease flexion/extension; Full range of motion of the upper extremities; full range of motion of the neck without pain; The manuscript strength bilateral hands; One point cane and antalgic gait; Unable to get on heels/toes bilaterally; Positive tenderness to palpation lumbosacral junction; Full range of motion with pain in the lumbar spine with flexion/extension. Straight leg raise was positive at 10 on the left and 40 on the right. Deep tendon reflexes 3+ of the rights 1+ on the left Achilles reflex 0+ bilaterally. Sensation was diminished light touch and pinprick the lower extremities bilaterally. Diagnostic imaging studies include recent left hand x-ray which revealed no fracture. Previous treatment includes aquatic therapy, physical therapy, and medications. A request had been made for TENS unit, cognitive behavioral therapy with a psychologist, and was not certified in the pre-authorization process on 4/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT & SUPPLIES (RENTAL OR PURCHASE) 1x1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113 - 116.

Decision rationale: The MTUS recommends against using a TENS unit as a primary treatment modality and indicates that a one-month trial must be documented prior to purchase of the unit. Based on the clinical documentation provided, the TENS unit is being used as a primary treatment modality and there is no documentation of a previous one-month trial. Furthermore, the MTUS notes that an appropriate trial should include documentation of how often the unit was used, the outcomes in terms of pain relief and reduction, and there is no noted efficacy provided in the progress of presented for review. As such, the request for purchase of a TENS unit with supplies (rental or purchase) 1x1 is considered not medically necessary.

Cognitive behavioral therapy with a psychologist (depression, anxiety) 1x1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Identify cognitive behavioral therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: Cognitive behavioral therapy is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested. After review of the medical documentation provided, there was no objective or subjective findings the most recent documentation stating the patient had or was suffering from any mental illness. Therefore, this request is deemed not medically necessary due to lack of documentation.