

Case Number:	CM14-0177244		
Date Assigned:	12/18/2014	Date of Injury:	04/24/2008
Decision Date:	04/15/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 54-year-old man sustained an industrial injury on 4/24/2008. The mechanism of injury is not detailed. Current diagnoses include cervical spine fusion, bilateral carpal tunnel, lumbar spine disc bulge, and lumbar spine radiculopathy. Treatment has included oral medications and physical therapy. Physician notes dated 7/22/2014 show neck and low back pain with radicular symptoms down the bilateral legs. Recommendations include lumbar epidural have been previously requested, physical therapy, TENS unit for pain control at home, back brace for pain control at home, and an AME or QME evaluation to help move this case along. Further, there is a request for authorization submitted dated 7/29/2014 for follow up consultation with pain management, however, there is no note corresponding to this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Multi Stim Supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), TENS for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the purchase multi-stimulator supplies are not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical spine fusion; bilateral carpal tunnel syndrome; lumbar spine disc bulge; and lumbar spine radiculopathy. The most recent progress note in the medical record is dated July 22, 2014. The progress note shows a request for a home TENS unit. There were no subsequent progress notes in the medical record. The request for authorization is dated September 20, 2014. There is no documentation indicating whether a TENS trial took place and there is no documentation indicating what anatomical regions are being treated. Additionally, there is no documentation indicating objective functional improvement (based on missing or lack of documentation) with TENS use from July 22, 2014 through the date of request September 20, 2014. There are no short or long-term goals in the documentation. Consequently, absent clinical documentation with a TENS trial, evidence of objective functional improvement, anatomical regions to be treated, purchase multi-stimulator supplies is not medically necessary.

Follow-Up Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary, Office Visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Office visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, follow-up pain management consultation is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates; for certain, antibiotics require close monitoring. In this

case, the injured worker's working diagnoses are cervical spine fusion; bilateral carpal tunnel syndrome; lumbar spine disc bulge; and lumbar spine radiculopathy. The most recent progress note in the medical record is dated July 22, 2014. The documentation indicates the injured worker is pending completion of a physical therapy trial. Pain management consultation is premature until physical therapy is completed and a determination of objective functional improvement rendered. Consequently, absent clinical documentation pending completion of physical therapy, follow-up pain management consultation is not medically necessary.