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| Case Number: | CM14-0188242 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 04/25/2011 |
| Decision Date: | 01/07/2015 | UR Denial Date: | 10/24/2014 |
| Priority: | Standard | Application Received: | 11/12/2014 |

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 Occupational Medicine 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:

This individual is a 45 year old female who developed a chronic pain syndrome subsequent to a lifting strain on 4/25/11. She has been diagnosed with chronic low back pain with left leg radiation. No objective neurological loss is confirmed. Electrodiagnostic studies have been repeated twice and are negative for nerve root dysfunction and/or a neuropathy. MRI studies show mild spondylosis without stenosis. VAS scores range from 6-10/10. She is treated with oral analgesics with pain relief reported, but no functional measurements or improvements are documented. She has left hip pain and a possible injection is requested after an MRI scan. Utilization review denied a 30 day TENS unit stating that it was not effective in the past, but the review did not document when it was used in the past and the records reviewed did not mention prior use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit for 1 month for low back: Overturned

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

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

Decision rationale: MTUS Guidelines tepidly supports a 30 day trial of a rental TENS unit for chronic painful conditions. There is no evidence of a prior trial in the records reviewed. A 30 day trial of a rental TENS unit is consistent with Guidelines and is medically necessary.

Left hip injection: 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) Hip and Pelvis procedure; Intraarticular steroid hip injection

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Intra-articular hip injections

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines specifically address this issue and do not recommend injections without an established diagnosis. Guidelines point out that effectiveness of injections for arthritis is questionable and that the injections may have a deleterious effect. There is no evidence that the requesting physician has personally reviewed basic x-rays or established a reasonable diagnosis. At this time, the request for left hip injection is not consistent with Guideline standards and is not medically necessary.