

Case Number:	CM14-0206300		
Date Assigned:	12/18/2014	Date of Injury:	07/16/2007
Decision Date:	02/09/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/09/2014

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 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:

The injured worker (IW) is a 73-year-old man with a date of injury of July 16, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are degenerative joint disease, spine; lumbar degenerative disc disease; spinal stenosis without neurogenic claudication; back pain; and sciatica. Prior surgeries include fusion and decompression at L2-L5 in 2008 and 2011. The most recent progress note by the treating physician is dated September 30, 2014. The only documentation present is a list the current medications, active problems, prior surgeries and a list of diagnoses. There are no subjective complaints documented. There is no history or physical examination. There were no vital signs documented. The documentation does not show ongoing physical therapy or any other pain modality other than medications. Current medications include Norco 10/325mg, Fexofenadine, Dyazide, Lotrel, Aspirin, Zocor, Nexium, Singulair, Hydroxyzine, Naproxen, and Prednisone. A referral order is listed with a pain management service requested. There is no clinical rationale for pain management consult. A recommendation for TENS unit is not mentioned in the September 30, 2014 progress note. The current request is for TENS 4 lead, and pain management referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) 4 Lead, QTY: 1: Upheld

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

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 Unit

Decision rationale: Pursuant to the MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit four leads #1 is not medically necessary. TENS 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 including reductions in pain medications. The area to be treated needs to be documented. Criteria for use of TENS are enumerated in the Official Disability Guidelines. They include, but are not limited to, evidence of other appropriate pain modalities that were tried and failed; a one month trial. Should be documented as an adjunct to ongoing modalities within a functional restoration approach with documentation of how a unit was used as well as outcomes in terms of pain relief and function, rental is preferred over purchased during trial; other ongoing pain treatment should be documented including medication usage; specific short and long-term goals of treatment with a tens unit should be submitted; after a successful one month trial continued treatment may be recommended if the physician documents the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. In this case, the injured worker's working diagnoses are degenerative joint disease spine; lumbar generative disease; spinal stenosis without neurogenic claudication; back pain; sciatica according to a September 30, 2014 progress note. The documentation does not show ongoing physical therapy or any other pain modality other than medications. The documentation does not indicate whether a 30 day trial was undertaken. There was no documentation of how often the TENS unit was used for outcomes in terms of pain relief and function. There were no specific short and long-term goals in the medical record to be attained with the tens. Additionally, there was no history of physical examination in the documentation dated September 30, 2014. Consequently, absent the appropriate criteria pursuant to the official disability guidelines, TENS unit #4 leads one unit is not medically necessary.

Pain Management referral QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function, page 112

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Independent Medical Examinations, Chapter 7, page 127

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pain management consultation is not medically necessary. The guidelines state that health practitioner may refer to other specialists as a diagnosis is uncertain or extremely complex, when

psychosocial factors are present, when the plan or course of care may benefit from additional expertise. A referral may be for consultation: to aid in the diagnosis, prognosis, therapeutic management, etc. In this case, the injured worker's working diagnoses are degenerative joint disease spine; lumbar generative disease; spinal stenosis without neurogenic claudication; back pain; sciatica according to a September 30, 2014 progress note. The progress note dated September 30, 2014 list the current medications, active problems, prior surgeries and a list of diagnoses. A referral order is listed with a pain management service requested. There is no history or physical examination or vital signs in the documentation dated September 30, 2014. There is no clinical indication for pain management consult. There is no clinical rationale for pain management consult. Consequently, absent the appropriate clinical documentation to support a pain management referral and a clinical indication/rationale, pain management consultation is not medically necessary.