

Case Number:	CM14-0208595		
Date Assigned:	12/22/2014	Date of Injury:	10/16/2012
Decision Date:	02/18/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] grounds keeper who has filed a claim for chronic low back pain, major depressive disorder, somatization disorder, generalized anxiety disorder, and lumbar degenerative disk disease reportedly associated with an industrial injury of October 16, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for Zynex NexWave device with associated supplies, Norco, Ultram, and lumbar support. The claims administrator referenced covert surveillance films of the applicant obtained in 2014 in its determination. A progress note of September 10, 2014 was also referenced. The applicant's attorney subsequently appealed. In an October 20, 2014 neurosurgery consultation, the applicant reported 6-8/10 low back, bilateral knee, bilateral hip pain. The applicant was on Norco, Effexor, Prilosec, and Colace. Flexion-extension views of the lumbar spine were endorsed. In a progress note dated "September 10, 2014" in one section of the note and "October 8, 2014" in another section of the note, the applicant reported 6/10 low back pain, dull. A cervical pillow, aquatic therapy, naproxen, Prilosec, Norco, Effexor, Colace, Ativan, and tramadol were endorsed, along with a spine surgery consultation. The applicant had issues with severe depression. A TENS unit purchase was endorsed. There was no mention of the applicant's having previously received a trial of a TENS unit. In a September 16, 2014 progress note, the attending provider alluded to the covert surveillance of the applicant. Disability forms were nevertheless endorsed, suggesting that the applicant was not working. In an August 6, 2014 progress note, the applicant was given prescriptions for baclofen, naproxen, cervical pillow, aquatic therapy, knee sleeves, Norco, Cymbalta, ThermaCare, Colace, Detrol,

and Ativan. The note was very difficult to follow and did not clearly the applicant's complete medication list. A TENS unit purchase was again endorsed. The applicant as again described as severely depressed on this occasion. In a Medical-legal Evaluation dated June 6, 2014, it was stated that the applicant had poor coping strategies and had developed issues with depression secondary to chronic pain complaints. A 15-pound lifting limitation was endorsed. It was suggested that the applicant was using Norco for pain relief as of this point in time. In an earlier note dated June 4, 2014, the applicant reported 6-8/10 low back pain, exacerbated by any kind of activity. The applicant was again described as having major depression. Norco, Cymbalta, ThermaCare heat wraps, Colace, Detrol, Prilosec, baclofen, and naproxen were endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zyenex Nexwave and supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116, 118, 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of TENS, Neuromuscular Electrical Stimulation Page(s): 116, 121.

Decision rationale: The Zynex NexWave device, per the device vendor, is an amalgam of interferential stimulation, neuromuscular electrical stimulation, and conventional TENS therapy. However, page 121 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuromuscular electrical stimulation is not recommended outside of the poststroke rehabilitative context and further notes that neuromuscular electrical stimulation is not recommended in the chronic pain context present here. Page 116 of MTUS Chronic Pain Medical Treatment Guidelines further stipulates that purchase of a TENS unit should be predicated on evidence of a favorable outcome during an earlier one-month trial of the same. Here, however, the attending provider sought authorization to purchase the device without submitting any evidence that the applicant had had a previously successful one-month trial of the unit at issue. Therefore, the request is not medically necessary.

Norco: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, the applicant's work status has not been clearly reported from visit to visit. On an August 6,

2014 office visit, the attending provider suggested that the applicant was working three hours a day. It was not clear whether the applicant was working on prior or successive visits, however, as this was not clearly reported. The applicant's return to part-time work is, however, outweighed by commentary made by the attending provider to the effect that the applicant is engaging in symptom magnifying behavior, continues to report difficulty performing activities of daily living as basic as standing, walking, bending, and lifting, and continues to report pain complaints as high as 6-8/10, despite ongoing Norco usage. All of the foregoing, taken together, does not make compelling case for continuation of the same. Therefore, the request is not medically necessary.

Ultram: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as result of the same. Here, however, while the applicant has returned to part-time work as August 6, 2014, this is however, outweighed by the attending provider's commentary to the effect that the applicant may be engaging in symptom magnifying and/or somatization type behavior, the applicant's continued complaints of pain in the 6-8/10 range, and the applicant's continued reports of difficulty performing activities of daily living as basic as standing, walking, and bending. All of the foregoing, taken together, does not make a compelling case for continuation of same. Therefore, the request is not medically necessary.

Lumbar Support: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. Here, the applicant was/is outside of the acute phase of symptom relief following an industrial injury of October 16, 2012 as of the date of the Utilization Review Report, November 12, 2014. Introduction, selection, and/or ongoing usage of a lumbar support were, thus, not indicated at this relatively late stage in the course of the claim. Therefore, the request is not medically necessary.