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| Case Number: | CM15-0141982 | | |
| Date Assigned: | 07/31/2015 | Date of Injury: | 01/17/2006 |
| Decision Date: | 08/31/2015 | UR Denial Date: | 07/09/2015 |
| Priority: | Standard | Application Received: | 07/21/2015 |

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 67 year old male with a January 17, 2006 date of injury. A progress note dated June 29, 2015 documents subjective complaints (pain has been getting worse since Toradol injections were stopped; pain rated at a level of 9 out of 10 without medications and 5 out of 10 with medications; continues to have lower back pain that radiates to the bilateral lower extremities and is associated with numbness and tingling; lumbar pain and spasms), objective findings (weakness and mild numbness at S1; slightly antalgic gait; unable to toe walk left; positive cervical and lumbar tenderness; decreased range of motion of the cervical spine; decreased range of motion of the lumbar spine), and current diagnoses (cervical spine strain; lumbar spine strain; lumbar spine herniated nucleus pulposus and degenerative disc disease). Treatments to date have included lumbar spine fusion, magnetic resonance imaging of the lumbar spine (showed degenerative disc disease with herniated nucleus pulposus at left L2-3; degenerative disc disease with bulge at L3-4; artifact through L3-5 fusion site), and medications. The medical record indicates that medications help control the pain. The treating physician documented a plan of care that included a pain management evaluation for the lumbar spine and an interferential unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain management evaluation for the lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7-Independent Medical Examinations and Consultations, page 127.

Decision rationale: This patient sustained a low back injury in January 2006 and continues to treat for chronic pain. Symptoms are stable without any new trauma and the patient is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile noted to be helpful; thereby, medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The Pain management evaluation for the lumbar is not medically necessary and appropriate.

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy & Interferential Current Stimulation (ICS) Page(s): 115-118.

Decision rationale: The MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved functional status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic 2006 injury. Additionally, IF unit may be used in conjunction to a functional restoration process with improved work status and exercises not demonstrated here. The Interferential unit is not medically necessary and appropriate.