

Case Number:	CM15-0143453		
Date Assigned:	08/04/2015	Date of Injury:	10/22/2013
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 58 year-old female who sustained an industrial injury on 10-22-13. She reported back pain. Initial diagnoses are not available. The injured worker is diagnosed with having cervical-CADS injury, and thoracic-lumbar strain-sprain. Current diagnostic testing and treatment to date is not available. Currently, the injured worker reports she has had no second opinion in 2 years; she has increased lower back pain that radiates into her right leg. Objective findings per progress note of June 22, 2015, shows right leg weakness, and decreased lumbar range of motion with spasms, as well as spasms to the trapezius muscles. She has functional losses. Requested treatments include 30 day two lead TENS trial, 30 day trial of back brace, and pain management evaluation and treatment. The injured worker's status is not addressed. Date of Utilization Review: 07-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day two lead TENS trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no documentation of neuropathic pain in this case. The patient sustained chronic neck, thoracic and back pain without evidence of neuropathic pain and without clear evidence of failure or intolerance to first line pain medications. Therefore, the prescription of 30 day two lead TENS trial is not medically necessary.

30 day trial of back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation, Low Back, Lumbar & Thoracic (Acute & Chronic) (updated 5/15/15).

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

Decision rationale: According to MTUS guidelines, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A lumbar corset is recommended for prevention and not for treatment. Therefore, the 30-day trial of back brace is not medically necessary.

Pain management evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs, early intervention Page(s): 32-33.

Decision rationale: According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery or a medical program and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end for using the expertise of a pain management specialist. Furthermore, the request for treatment cannot be authorized without knowing the outcome of the pain management evaluation, which is not medically necessary, based on the provided information. Therefore, the request for Pain management evaluation and treatment is not medically necessary.