

Case Number:	CM15-0144575		
Date Assigned:	08/05/2015	Date of Injury:	12/16/2010
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old female who sustained an industrial injury on 12-16-15. She had complaints of low back, right knee and right shoulder pain. Treatments to date include: medication, physical therapy and chiropractic. Progress report dated 7-1-15 reports continued complaints of low back, right knee and right shoulder pain. The pain is intermittent and sharp, rated 8 out of 10. The pain is aggravated by prolonged sitting, getting up and down from seated position and going up and down stairs. The pain is relieved by rest. Review of past medical records recommend the need for pain management, rehabilitation specialist, physical therapy, occupational therapy, chiropractic care, TENS unit, back brace, stabilization knee brace, injection therapy to the right knee and possibly surgery. Diagnoses include: lumbar degenerative disc disease, right knee internal derangement and degenerative arthritis, history of right shoulder strain, and diffuse regional myofascial pain. Plan of care includes: physical therapy evaluation and 6 sessions of treatment for consideration of a right patellofemoral brace, TENS unit and electrodes combo pack, ergonomic chair for her workstation and Celebrex 200 mg 1 per day, #30. If treatments are not successful, consider referral to an orthopedic surgeon for injection therapy to the right knee or even further chiropractic. Work status: deferred to the authorized medical evaluation. Follow up on 8-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200mg, 1 every day orally around the clock for 30 days, #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Celebrex/NSAIDS Page(s): 67.

Decision rationale: According to the MTUS guidelines, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. Celebrex is a COX 2 inhibitor indicated for those with high risk for GI bleed. In this case, there was no indication of GI risk factors or evidence of failure on an NSAID or Tylenol. The Celebrex is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit and electrodes combo pack: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant has patellofemoral syndrome and lumbar degenerative disc disease. These diagnoses do not necessitate a TENS. The length of use was not specified. The request for a TENS unit is not medically necessary.