

Case Number:	CM15-0185724		
Date Assigned:	09/25/2015	Date of Injury:	09/20/2006
Decision Date:	11/02/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/21/2015

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: 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 53 year old male, who sustained an industrial injury on 9-20-2006. The injured worker is being treated for discogenic lumbar condition, right ankle joint inflammation, internal derangement of the left knee status-post surgical intervention (2009-2010), weight gain due to inactivity and sleep disorder. Treatment to date has included diagnostics, medications, cortisone injections, trigger point injections, Hyalgan injections, bracing, transcutaneous electrical nerve stimulation (TENS) unit, and hot and cold wraps. Per the Primary Treating Physician's Progress Report dated 8-31-2015, the injured worker presented for follow-up. He reported that he has been moved to a more physical job. He has been missing about a day a month because he is "trying to survive on Norco" and when he calls in sick he is going without pay. Objective findings included tenderness along the joint line medially and laterally with no objective instability noted. Facet loading is positive and spasm was noted along the lumbar spine area along with trigger points. The plan of care included medications, diagnostics including magnetic resonance imaging (MRI), Physiatry referral and TENS. On 9-09-2015, Utilization Review non-certified the request for referral to Physiatry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physiatry: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees, fitness for return to work. In this case, the claimant was seen by an orthopedic surgeon. The claimant did not need surgery at this time but rather physical modalities to improve pain. The referral for a physiatrist was to use a TENS unit. The claimant had an unremarkable EMG study. 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 did not have the above diagnoses. Therefore the request for a physiatrist is not medically necessary.