

Case Number:	CM15-0198173		
Date Assigned:	10/13/2015	Date of Injury:	07/21/2015
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 52 year old female, who sustained an industrial injury on 7-21-15. The injured worker has complaints of left shoulder pain; neck pain; upper back pain; right shoulder pain; low back pain; and bilateral knee pain. Bilateral shoulder examination reveals tenderness to palpation present over the acromioclavicular joints and supraspinatus tendon, left side greater than right. Cervical spine has tenderness to palpation with spasm and guarding is present over trapezius muscles. Thoracic spine has tenderness to palpation with spasm and guarding present over the paravertebral musculature. Lumbar spine examination has tenderness to palpation with spasm and guarding is present over the paravertebral musculature. Straight leg raising test is negative. Bilateral knee has very slight tenderness to palpation is present over the medial and lateral joint lines and peripatellar region. The diagnoses have included sprain of neck; sprain of thoracic; sprain of lumbar; bilateral shoulder sprain and strain and impingement and bilateral knee contusion improved. Treatment to date has included ultram; voltaren and fexmid. The original utilization review (9-8-15) non-certified the request for interferential unit and ultram ER 150mg one by mouth daily as needed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential Unit: 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 rationale: Interferential unit is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the interferential unit is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Additionally, the MTUS guidelines states that an interferential unit requires a one-month trial to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. The MTUS states that while not recommended as an isolated intervention an interferential unit can be considered if pain is ineffectively controlled due to diminished effectiveness of medications. The documentation does not indicate that the patient has had a one-month trial with outcomes of decreased medication, increased function and decreased pain. The documentation does not support the medical necessity of the interferential unit. Therefore, the request is not medically necessary.

Ultram ER 150mg one PO QD PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Ultram ER 150mg one PO QD PRN #30 is not medically necessary per the MTUS Guidelines. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The MTUS states that before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. There should be baseline pain and functional assessments should be made. Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. The documentation does not reveal that the patient has failed non-opioid first line analgesics therefore this request is not medically necessary.