MAXIMUS Federal Services

Case Number:	CM15-0025058		
Date Assigned:	02/17/2015	Date of Injury:	12/18/2012
Decision Date:	03/30/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/10/2015

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: Florida
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 39-year-old male patient, who sustained in industrial injury on 12/18/2012. A primary treating office visit dated 01/15/2015 reported chief complaint of chronic low back pain. The pain is associated with weakness and numbness to bilateral lower extremities. The patient is noted being opposed to pursing spinal cord stimulator trial. He is also adverse to any surgical intervention. He is found having had completed a functional restoration program, but noted still with challenges applying the strategies learned. He is diagnosed with chronic pain; degeneration of lumbar intervertebral disc and lumbosacral radiculitis. He is status post spinal surgery 11/11/2013. The following medications are prescribed; Gabapentin 100, Lidocaine % 5 patch and Tramadol 50. A request was made for consultation for lumbar spine; medication Tramadol 50MG, and durable medical equipment, a transcutaneous nerve stimulator. On 02/04/2015 Utilization Review non-certified the request noting, the CA MTUS, Chronic Pain, Transcutaneous Electric Nerve Stimulator, Opioids were cited. The injured worker submitted an application, on 02/10/2015 for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Psychological treatment Page(s): 100-10.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines occupational practice medicine guidelines Page(s): 2-3.

Decision rationale: The California MTUS guidelines state, "Referral is indicated in cases where the health care provider has a lack of training in managing the specific entity, is uncertain about the diagnosis or treatment plan, or red flags are present. If significant symptoms causing self-limitations or restrictions persist beyond 4-6 weeks, referral for specialty evaluation (e.g., occupational medicine, physical medicine and rehabilitation, or orthopedic surgery) may be indicated to assist in the confirmation of the provisional diagnosis and to define further clinical management." Regarding this patient's case, a pain psychology consultation has been requested since this patient is noted to be experiencing "fear avoidance behavior." Utilization review felt that the request for an initial consultation is very reasonable and medically necessary. Utilization review did not authorize an additional 5 sessions of Pain Psychology treatment, stating that consideration for additional sessions should be dependent on the outcome of the initial evaluation. This is a very reasonable approach. Since this review is actually to determine the medical necessity of an initial Pain Psychology consultation visit with an additional 5 sessions, this request is not considered medically necessary as it has been submitted. Independent Medical Review is in agreement with utilization review that one initial consultation is considered medically necessary.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-117.

Decision rationale: California MTUS guidelines recommend the following regarding criteria for TENS unit use: 1. Chronic intractable pain (for the conditions noted above): Documentation of pain of at least three months duration.2. There is evidence that other appropriate pain modalities have been tried (including medication) and failed - A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial3. Other ongoing pain treatment should also be documented during the trial period including medication usage4. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted5. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary.This patient's case does not meet the recommended criteria since no treatment plan (that includes short and long-term goals) was submitted. There is also no documentation of a one month TENS unit trial. Likewise, this request for a TENS unit is not medically necessary.

Tramadol 50 #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Tramadol Page(s): 78-81, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. There is no objective evidence of functional improvement with this narcotic medication. Likewise, this request for Tramadol is not considered medically necessary.