

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0086421 | | |
| Date Assigned: | 05/08/2015 | Date of Injury: | 04/23/2012 |
| Decision Date: | 06/10/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 05/05/2015 |

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62 year old male who sustained an industrial injury on 4/23/012. The injured worker was diagnosed as having lumbar sprain/strain, lumbar radiculopathy, myofascial pain, and chronic pain syndrome and post lumbar fusion. Currently, the injured worker was with complaints of lower back pain. Previous treatments included aqua therapy, oral pain medication, oral muscle relaxant, activity modification, and the use of a single point cane. Physical examination was notable for lumbar spine with tenderness to palpation and decreased range of motion. The plan of care was for a MEDS-4 unit trial, cognitive behavioral therapy and medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial MEDS-4 unit with garment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ICS Page(s): 118-120.

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

Decision rationale: MTUS Guidelines are not supportive of muscle stimulation and/or multistim units. This unit is reported to provide interferential stimulation plus other modalities including muscle stimulation. The Guidelines are clear that muscle stimulation is not recommended for this individual's condition. There are not unusual circumstances to justify an exception to Guidelines. The Trial MEDS-4 unit with garment is not supported by Guidelines and is not medically necessary.

Horizant 600 mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 18, 19.

Decision rationale: MTUS Guidelines supports the use of Gabapentin for neuropathic pain which this individual has. Horizant is a form of prolonged release Gabapentin approved to treat neuropathic pain and it is clearly documented that this drug has improved the level of this individual's pain. Under these circumstances the Horizant 600mg #30 is supported by Guidelines and is medically necessary.

Cognitive behavioral therapy x1: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

Decision rationale: MTUS Guidelines support at least an initial psychological evaluation for individuals with chronic pain. By definition, chronic pain syndrome includes some element of distress and depression. Even though this individual has had surgery he is expected to have continued neuropathic pain. Psychological evaluation and possible support is recommended by MTUS Guidelines. The request for Cognitive behavioral therapy X1 is supported by Guidelines and is medically necessary.