MAXIMUS Federal Services

Case Number:	CM15-0014593		
Date Assigned:	02/02/2015	Date of Injury:	06/30/2009
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/26/2015

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, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56-year-old female who reported an injury on 06/30/2009 due to an unspecified mechanism of injury. On 12/17/2014, she presented for a followup evaluation complaining of low back pain and pain in the left shoulder. A physical examination showed tenderness and muscle spasms and decreased range of motion to the lumbar spine, as well as tenderness and decreased range of motion to the left shoulder. She was diagnosed with cervical sprain and strain, lumbar sprain and strain, bilateral shoulder sprain and strain, and status post arthroscopy of the left knee. It should be noted that the document provided was handwritten and illegible. The treatment plan was for replacement pads for a TENS unit, pain management evaluation, urine test, and followup visit. The rationale for treatment was not evident within the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Replacement pads for TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): (s) 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 115-117.

Decision rationale: The California MTUS Guidelines indicate that documentation regarding how often the unit was used and the duration of time with each session, as well as an objective improvement in function and a decrease in pain should be documented while using a TENS unit. The documentation provided does not indicate that the injured worker was having a quantitative decrease in pain and an objective improvement in function with use and it was not stated how often she used the unit and for how long. Without this information, the replacement TENS unit pads would not be supported. Therefore, the request is not medically necessary.

Pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based on a review of the injured worker's signs and symptoms, clinical stability, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and left shoulder. However, a clear rationale was not provided for the medical necessity of an additional evaluation. It was not noted that the injured worker was using medications that required frequent followup visits and she was not noted to have any severe symptoms that would support this request. Therefore, the request is not supported. As such, the request is not medically necessary.

Urine test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going management Page(s): 78.

Decision rationale: The California MTUS Guidelines state that urine drug screens are recommended for those with abuse, addiction, or poor pain control. The documentation provided does not indicate that the injured worker is using any medications that require urine drug screening. Also, a clear rationale was not provided for the medical necessity of the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Follow up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, Independent Medical Examinations and Consultations, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: The Official Disability Guidelines indicate that office visits should be determined based on a review of the injured workers signs and symptoms, clinical stability, and physical examination findings. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine and left shoulder. However, a clear rationale was not provided for the medical necessity of an additional evaluation. It was not noted that the injured worker was using medications that required frequent followup visits and she was not noted to have any severe symptoms that would support this request. Therefore, the request is not supported. As such, the request is not medically necessary.