

Case Number:	CM15-0147719		
Date Assigned:	09/02/2015	Date of Injury:	05/06/2014
Decision Date:	10/20/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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: 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 41 year old male who sustained an industrial injury on May 06, 2014. The worker was employed as a bus mechanic. The previous accident was described as while working lifting a heavy tool he felt the immediate onset of sharp and shooting pain to his lower back with his back gone out and locked. The most recent accident of May 06, 2014 was described as having hit his hand with a wrench resulting in right ring finger injury. He was evaluated and treated with conservative measures to include: activity modification, medication, injection, anti-inflammatory agent, chiropractic care. A orthopedic evaluation dated June 22, 2015 reported current subjective complaint of neck, upper back and lower back pain. The following diagnoses were applied: cervical radiculopathy; thoracic strain and sprain with radiculopathy, and lumbosacral radiculopathy. Primary treating office visit dated June 19, 2015 reported treating diagnoses of hand contusion. He has subjective complaint of right wrist and hand pain or discomfort. He has returned to a full duty job. The plan of care at follow up dated June 03, 2015 noted: physical therapy course treating the lumbar spine; utilize a transcutaneous nerve stimulator unit, and a lumbar spine brace; undergo pain management consultation, sleep study, upper extremity surgical, and orthopedist evaluations.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS 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: Regarding the request for TENS, the Chronic Pain Medical Treatment Guidelines on Pages 114-116 specify the following regarding TENS (transcutaneous electrical nerve stimulation): "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Neuropathic pain: Some evidence (Chong, 2003), including diabetic neuropathy (Spruce, 2002) and post-herpetic neuralgia. (Niv, 2005) Phantom limb pain and CRPS II: Some evidence to support use. (Finsen, 1988) (Lundeberg, 1985) Spasticity: TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. (Aydin, 2005) Multiple sclerosis (MS): While TENS does not appear to be effective in reducing spasticity in MS patients it may be useful in treating MS patients with pain and muscle spasm. (Miller, 2007)" A review of this injured worker's industrial diagnoses failed to reveal any of the indications above of multiple sclerosis, spasticity, phantom limb pain, or complex regional pain syndrome as described by the CPMTG. By statute, the California Medical Treatment and Utilization Schedule takes precedence over other national guidelines which may have broader indications for TENS unit. Given this worker's diagnoses primarily of lumbar radiculopathy and lumbar spine pain, TENS is not medically necessary.

1 pain medicine consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain disorder Medical treatment guidelines, State of Colorado Department of Labor and Employment (Chapter: Chronic pain disorder, Section: Therapeutic procedures, Non operative) pg 56.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: With regard to the request for specialty consultation, the CA MTUS does not directly address specialty consultation. The ACOEM Practice Guidelines Chapter 7 recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. The worker in this case already had an initial consultation with pain management in January 2015. The recommendation was physiotherapy and NSAIDs at that time, with a proposed follow-up in 3 months. The patient continues to experience pain, but has improved functionally and returns now to unrestricted duties. The rationale for this consultation is not made clear in the consultation, and it is unclear how added expertise of pain management would assist at this juncture. In fact a progress note from June 2015 indicates the patient is not on any pain medications. This request is not medically necessary.

1 sleep study consult: Upheld

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

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

Decision rationale: Regarding the request for a sleep study, California MTUS guidelines are silent. ODG states polysomnograms/sleep studies are recommended for the combination of indications listed below: Excessive daytime somnolence, Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy), Morning headache (other causes have been ruled out), Intellectual deterioration (sudden, without suspicion of organic dementia), Personality change (not secondary to medication, cerebral mass or known psychiatric problems), Sleep-related breathing disorder or periodic limb movement disorder is suspected, Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. Within the documentation available for review, there is no mention of insomnia complaints in recent progress notes around the time of the request for authorization. Additionally, there is no documentation of excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration, personality change, sleep-related breathing disorder or suspected periodic limb movement disorder, or insomnia complaint for at least six months and at least four nights of the week that has been unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. In the absence of such documentation, the currently requested one sleep consult/study is not medically necessary.

1 consult with upper extremity surgeon re: right long finger: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, there is documentation of right long finger (digit 3) pain that is industrially related. This was further documentation that the patient has returned to unrestricted work. A progress note from 6/3/15 and 6/19/15 indicates that the patient has full AROM of the hand and equal grip strength. Given this clinical picture, this request is not medically necessary.