

Case Number:	CM15-0066432		
Date Assigned:	04/14/2015	Date of Injury:	10/04/2014
Decision Date:	05/15/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, Illinois

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 was a 54 year old male, who sustained an industrial injury, October 4, 2014. The documentation submitted for review failed to support the injured worker received any prior treatments to the lumbar spine and right hand February 17, 2015 office visit. The injured worker was diagnosed with lumbar sprain/strain, sciatica and right hand metacarpal sprain/strain. According to progress note of February 17, 2015, the injured workers chief complaint was constant low back pain with occasional pain into the right lower extremity to the level of the foot. The pain was aggravated by ambulating 40 minutes or driving for an hour. The right hand had pain at the metacarpal bone and MCP joint. The pain was aggravated by using the right hand for most activities. The injured worker rated the back pain at 7 out of 10 and right hand pain at 6 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted decreased range of motion of the lumbar spine. The straight leg raises were positive on the right. The Milgrim's test and the Kemp's test were both positive for pain of the right and the left. There was tenderness of the L2-SD1 with increased muscle tone in the lumbar paraspinal musculature. The right hand second finger noted the Varus and Valgus stress increased pain. There was tenderness over the right hand second metacarpal joint and proximal phalynx. The treatment plan included a TENS (transcutaneous electrical nerve stimulator) unit and a referral to an internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit, 30 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; Transcutaneous electrotherapy Page(s): 6; 114-116.

Decision rationale: The medical records provided indicate the diagnosis of lumbar sprain/strain, sciatica and right hand metacarpal sprain/strain. Prior treatments, unknown. The MTUS guidelines for the use of TENS unit recommends a 30 day rental of TENS unit as an adjunct to evidence based functional restoration following three months of ongoing pain and lack of benefit with other modalities of treatment. During this period, there must be a documentation of documentation of short and long term goes, the benefit derived from the equipment, as well as a documentation of how the machine was used. Also, the guideline recommends the use of two electrode unit rather than the four electrodes. TENS unit has been found useful in the treatment of Neuropathic pain; Phantom limb pain and CRPS II; and Spasticity. However, although it reduces pain multiple sclerosis, it is ineffective in the treatment of spasticity related to Multiple sclerosis (MS).The records reviewed lacked information on past treatment and treatment outcome. The MTUS recommends detailed history, physical examination, information on review of medical records, past treatment and outcome. The medical records provided for review do not indicate a medical necessity for TENS unit, 30 day rental.

Referral to internist for medication: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The medical records provided indicate the diagnosis of lumbar sprain/strain, sciatica and right hand metacarpal sprain/strain. Prior treatments, unknown. The medical records provided for review do not indicate a medical necessity for Referral to internist for medication. The records reviewed lacked information on past treatment and treatment outcome. The MTUS recommends detailed history, physical examination, information on review of medical records, past treatment and outcome. The requested treatment is not medically necessary.