

Case Number:	CM15-0091607		
Date Assigned:	05/15/2015	Date of Injury:	03/23/2012
Decision Date:	06/18/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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 54-year-old male, who sustained an industrial injury on 03/23/2012. He reported an injury to his lower back region after being attacked by a coworker. The injured worker is currently working with modifications, permanent, and stationary. The injured worker is currently diagnosed as having lumbar degenerative disc disease, myofascial pain, sleep issues, poor coping, and history of gastritis. Treatment and diagnostics to date has included physical therapy, lumbar spine MRI that showed a disc condition at L4-L5 with facet arthropathy at L5- S1, chiropractic treatment, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 04/27/2015, the injured worker presented with complaints of chronic low back pain. Objective findings include tenderness to palpation to lumbar paraspinal muscles with decreased lumbar range of motion. The treating physician reported requesting authorization for Transcutaneous Electrical Nerve Stimulation Unit pads and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS patches: Upheld

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

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

Decision rationale: The MTUS Guidelines do not support the long term use of TENS units unless there is clear evidence of benefits i.e. improved pain levels as evidenced by improved functioning and/or diminished medication use. This request does not meet these guideline standards. There is no documentation of use patterns, improved pain because of use and no changes in activity levels or medications are reported. Under these circumstances the request for TENS patches is not supported by Guidelines and is not medically necessary.

CBC, CMP, Standard liver and kidney test: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://labtestsonline.org/understanding/analytes/cmp>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs side effects Page(s): 69, 70. Decision based on Non-MTUS Citation Pain - NSAIDs.

Decision rationale: Guidelines recommend periodic monitoring of liver and kidney functioning when NSAIDs are utilized on a long-term basis. The ODG Guidelines discuss this in the detail and recommend periodic monitoring of a CBC and CMP labs. It is documented that this has not been done on over 2 years. The request for CBC, CMP, Standard liver and kidney test is supported by Guidelines and is medically necessary.