

<b>Case Number:</b>	CM15-0099104		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	05/01/2013
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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 47-year-old male, who sustained an industrial injury on 5/01/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbosacral radiculopathy and meniscal tear. Treatment to date has included diagnostics, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Currently (4/13/2015), the injured worker complains of chronic low back pain and right knee pain, with locking, popping, and instability. He was scheduled for surgery for his right knee on 4/17/2015. He ambulated with an antalgic gait and used a cane. Spasm and tenderness were noted in the lumbar paravertebrals, along with decreased range of motion. His current medication regime was not documented. On 4/14/2015, he reported pain in his low back and right knee. No new symptoms were described or reported. No loss of bladder control was documented. His mood was not described. It was documented that interim visits since last appointment included pain medicine, urology (February), orthopedics (April), and psyche (March). The treatment plan included PENS (Percutaneous Electrical Nerve Stimulator) 4x/30 days, follow-up with psyche, follow-up with urology, and follow-up with chiropractic primary physician. The progress report did not discuss the rationale for the requested treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PENS (P-STIM) 30 day rental for lumbar spine and right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation (PENS) Page(s): 97.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 114-121 of 127.

**Decision rationale:** Regarding the request for PENS, Chronic Pain Medical Treatment Guidelines state that PENS is "not recommended as a primary treatment modality, but a trial may be considered, if used as an adjunct to a program of evidence-based functional restoration, after other non-surgical treatments, including therapeutic exercise and TENS, have been tried and failed or are judged to be unsuitable or contraindicated. There is a lack of high quality evidence to prove long-term efficacy. PENS is generally reserved for patients who fail to get pain relief from TENS, apparently due to obvious physical barriers to the conduction of the electrical stimulation (e.g., scar tissue, obesity)." Within the documentation available for review, there is no indication of failure of other nonsurgical treatments and a clear rationale to support this treatment despite the recommendations of the guidelines. In the absence of clarity regarding those issues, the currently requested PENS is not medically necessary.

**Follow up for psyche:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Office visits.

**Decision rationale:** Regarding the request for psych follow-up, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, there is no clear rationale for a follow-up visit with the requested provider and no prior medical reports from this provider have been submitted for review. In the absence of clarity regarding the above issues, the currently requested psych follow-up is not medically necessary.

**Follow up with urology:** 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): Evaluation and Management (E&M).

**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, Office visits.

**Decision rationale:** Regarding the request for urology follow-up, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, there is no clear rationale for a follow-up visit with the requested provider and no prior medical reports from this provider have been submitted for review. In the absence of clarity regarding the above issues, the currently requested urology follow-up is not medically necessary.

**Follow up with chiropractic primary treating physician:** 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): Evaluation and Management (E&M).

**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, Office visits.

**Decision rationale:** Regarding the request for chiropractic follow-up, California MTUS does not specifically address the issue. ODG cites that "the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." Within the documentation available for review, there is no clear rationale for a follow-up visit with the requested provider and no prior medical reports from this provider have been submitted for review. In the absence of clarity regarding the above issues, the currently requested chiropractic follow-up is not medically necessary.