

Case Number:	CM14-0140136		
Date Assigned:	09/08/2014	Date of Injury:	05/04/2009
Decision Date:	10/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 44-year-old male who was injured on May 4, 2009. The patient continued to experience difficulty sleeping and pain in his midback and lower back. Physical examination was notable for tenderness to the paravertebral muscles of the thoracic spine and lumbar spine, normal motor function of the bilateral lower extremities, intact sensation to the bilateral lower extremities, and bilateral positive straight leg raise. Diagnoses included low back pain, thoracic pain, and lumbar radiculopathy. Treatment included medications, epidural steroid injections, physical therapy, acupuncture, and chiropractic therapy. Requests for authorization for TENS unit 30 day trial, lab work for liver kidney function, and sleep study were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 day trial of transcutaneous electrical nerve stimulation (TENS) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 114-115.

Decision rationale: TENS units are 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, including reductions in medication use, for neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. Functional restoration programs (FRPs) are designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. FRPs incorporate components of exercise progression with disability management and psychosocial intervention. The patient was not participating in a functional restoration program. The TENS unit is therefore is not medically necessary and appropriate.

1 lab work for liver & kidney function (serum AST/ALT and renal panel): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate: Liver biochemical tests that detect injury to hepatocytes, Assessment of kidney function

Decision rationale: The serum aminotransferases are sensitive indicators of liver cell injury. The most commonly measured are alanine aminotransferase (ALT) and aspartate aminotransferase (AST). The source of these enzymes in serum has never been clearly established, although they probably originate in tissues rich in ALT and AST. ALT is present in highest concentration in the liver. AST is found, in decreasing order of concentration, in the liver, cardiac muscle, skeletal muscle, kidneys, brain, pancreas, lungs, leukocytes, and erythrocytes and is less specific than ALT for liver disease. Neither ALT nor AST has isoenzymes that are tissue specific. As a result, isoenzyme analysis of serum ALT or AST is of limited clinical utility. In this case there are no symptoms of liver injury. The liver function tests are not recommended. Renal panel uses blood urea nitrogen (BUN) and creatinine to assess renal function or glomerular filtration rate (GFR). Both serum creatinine and BUN vary inversely with GFR. BUN is less useful than creatinine less useful than the serum creatinine because the BUN can change independently of the GFR. In this case there are no symptoms of kidney injury. The kidney function tests are not recommended. Medical necessity has not been established. The request is not medically necessary and appropriate.

1 sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Polysomnography

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

Decision rationale: Polysomnography/sleep study is recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. Home portable monitor testing may be an option. A polysomnogram measures bodily functions during sleep, including brain waves, heart rate, nasal and oral breathing, sleep position, and levels of oxygen saturation. Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) 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. In this case the patient complains of poor sleep, but there is no documentation of any indications for sleep study. In addition there is no documentation that the patient has tried and failed behavior intervention for the difficulty sleeping. Medical necessity has not been established. The request is not medically necessary and appropriate.