

Case Number:	CM13-0002805		
Date Assigned:	06/06/2014	Date of Injury:	11/12/2004
Decision Date:	07/24/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	07/23/2013

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 Orthopedic Surgery, and is licensed to practice in Texas. 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 injured worker is a 42-year-old male with a reported date of injury on 11/12/04. The injury reportedly occurred when the injured worker bent down to set a nail while installing her wood floor and experienced severe pain associated with spasm, which appeared to radiate into the right knee. His previous treatments were noted to include epidural steroid injections, medications, chiropractic care, sacroiliac joint injection bilaterally, physical therapy, biofeedback therapy, and medications. His diagnoses were noted to include L5-S1 arthrodesis with incomplete union as of February 2009, painful lumbar instrumentation with myofascial pain syndrome, L4-5 facet syndrome, and bilateral sacroiliac joint dysfunction. The progress note dated 5/21/13 reported the injured worker complained of pain to the lumbar spine rated 9/10 as the worst, 8/10 at the least, and the usual pain was 8/10. The physical examination performed to the lumbar spine showed absent trigger points and muscle spasms as well as a negative straight leg raise. The provider reported facet tenderness diffusely bilaterally over L3-4 and L4-5, L4-5 facet joints, right greater than left, positive bilateral facet loading test, and the provider also reported the sacroiliac joints were not tender bilaterally and the spine's extension was restricted and painful. The progress report dated 6/20/14 reported the injured worker complained of back pain and has complained of worsening pain over the last month. The physical examination showed decreased range of motion secondary to pain, extension past neutral causes increased back pain, and there was direct reproducible tenderness over the facet joints at L3-4 and over the lumbar musculature bilaterally. The request for authorization dated 5/22/13 was for an independent physical therapy program since the injured worker had shown significant improvement in his symptoms when he performed the independent therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker was reported to have used a TENS unit in the past with significant benefit. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit 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. The guidelines state that 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. The guideline criteria for the use of TENS is chronic intractable pain with documentation of pain of at least three months' duration, evidence of other appropriate pain modalities that have been tried and failed, a one-month trial of a TENS unit should be documented (as an adjunct to ongoing treatment modalities with a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The guideline criteria also include other ongoing pain treatments should be documented during the trial period including medication usage. The guidelines also state a treatment plan including the specific short and long-term goals of treatment with the TENS unit should be submitted. There is a lack of documentation regarding the previous usage of the TENS unit with significant functional benefits as well as unclear documentation if a TENS unit will be used as an adjunct with an evidence based functional restoration program. Therefore, without documentation provided to report details regarding the subjective or objective improvement with the use of the TENS unit or the duration of time it was used and how it was used, the request of a TENS unit is not warranted at this time. As such, the request is not medically necessary.

independent physical therapy program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The injured worker has attempted therapy in the past with positive results. The California Chronic Pain Medical Treatment Guidelines recommend active physical therapy be based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active

therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical providers such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. There is a lack of documentation regarding details concerning independent physical therapy programs as well as whether the injured worker is currently utilizing a home exercise program. The documentation provided showed the injured worker has previously failed physical therapy and the documentation had shown improvement with an independent physical therapy program; however, there is a lack of documentation regarding details of an independent physical therapy program such as home exercise and if it will be medically supervised. Therefore, the request is not medically necessary.