

Case Number:	CM13-0015679		
Date Assigned:	12/27/2013	Date of Injury:	06/10/2011
Decision Date:	04/18/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/23/2013

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 Occupational Medicine, and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 10, 2011. Thus far, the applicant has been treated with following: Analgesic medications; attorney representation; muscle relaxants; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 19, 2013, the claims administrator denied physical therapy, approved an EMG of the bilateral lower extremities, approved nerve conduction studies of bilateral lower extremities, denied supplies for an interferential unit, and approved prescriptions for Tramadol, Naprosyn, and Cyclobenzaprine. The applicant's attorney subsequently appealed. In a January 24, 2014 progress note, the attending provider writes that ongoing usage of Tramadol extended release and unspecified NSAIDs are generating drops in pain scores from anywhere to 2 to 5 points. The applicant and attending provider seemingly posit that ongoing usage of medications is resulting in improved performance of activities of daily living. Flexeril is also generating appropriate analgesia, the attending provider further notes. The applicant is asked to continue physical therapy at a rate of three times a week for four weeks while also employing a lumbar support and a TENS unit. Multiple progress notes throughout 2013 and 2014 allude to the applicant's having been declared permanent and stationary. Permanent work restrictions are apparently in place. The applicant is apparently not working with said limitations in place. On October 18, 2013, the attending provider sought authorization for eight additional sessions of physical therapy, stating that the applicant had no access to a gym and no access to exercise equipment. Flexeril, Protonix, and extended release Tramadol were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY FOR THE LUMBAR SPINE QUANTITY EIGHT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE TOPIC Page(s): s 98-99; 8.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, an overall course of 9 to 10 sessions of treatment is recommended for myalgias and/or myositis of various body parts, the diagnosis seemingly present here. However, the MTUS further endorses tapering or fading the frequency of treatment over time, active therapy, active modalities, and transitioning toward self-directed home physical medicine. In this case, the applicant had seemingly reached the plateau with prior treatment. The applicant did not appear to have returned to work despite having unspecified amounts of physical therapy over the life of the claim. The applicant remained highly reliant on various medications, medical treatments, a lumbar support, etc. despite completion of earlier unspecified amounts of physical therapy over the life of the claim. The request for eight sessions of additional physical therapy, absent functional improvement with prior therapy, is incompatible with the concept of functional improvement as discussed on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified.

SUPPLIES FOR INTERFERENTIAL UNIT QUANTITY ONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION Page(s): 118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines INTERFERENTIAL CURRENT STIMULATION TOPIC Page(s): 20.

Decision rationale: As noted on page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulation is not recommended as an isolated intervention but can be employed in individuals in whom pain is ineffectively controlled due to diminished medication efficacy, history of substance abuse which would limit provision of analgesic medications, and/or evidence that an individual has significant pain which limits the ability to participate effectively in physical therapy. An individual should also typically be unresponsive to conservative measures such as pain medications and the like. In this case, however, the attending provider describes the applicant as having responded favorably to a combination of medications, including Tramadol, Naprosyn, Flexeril, etc. which is reportedly resulting in appropriate drops in pain scores, noted on multiple office visits interspersed throughout late 2013 and early 2014. The applicant's favorable response to first-line oral pharmaceuticals effectively obviates the need for the interferential unit and associated supplies in question. Therefore, the request is not certified, on Independent Medical Review.

