

Case Number:	CM13-0016834		
Date Assigned:	11/06/2013	Date of Injury:	02/02/2001
Decision Date:	03/18/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois, Indiana, and 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 physician 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.

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 43-year-old female who reported an injury on 02/02/2001. The patient is diagnosed with severe post-traumatic fibromyalgia, post lumbar laminotomy pain syndrome, right knee internal derangement, and right lower extremity complex regional pain syndrome with narcotic dependency. The patient was seen by [REDACTED] on 09/27/2013. The patient reported 50% improvement following a lumbar sympathetic block. Physical examination revealed tenderness to palpation of the right knee with global allodynia and dyesthesia throughout the lower extremity. Treatment recommendations included a second right sided lumbar sympathetic block, as well as inpatient admission into a multidisciplinary pain program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued aquatic therapy two times a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. As per the documentation submitted, the patient's physical examination revealed tenderness to palpation with allodynia and dyesthesia. Documentation of the patient's previous

course of aquatic therapy with total treatment duration and efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Work hardening, CPT code 97545: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 125-126.

Decision rationale: California MTUS Guidelines state work hardening and work conditioning are recommended as an option, depending on the availability of quality programs. As per the documentation submitted, the patient reported 50% improvement following a lumbar sympathetic block. Work hardening would be recommended following a functional capacity evaluation, psychiatric evaluation, and documentation of a specific return to work goal. In the absence of such documentation, the current request cannot be determined as medically appropriate. As such, the request is non-certified.

Therapeutic exercises, CPT code 97110: Upheld

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

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

Decision rationale: California MTUS Guidelines state active therapy is 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. Guidelines allow for a fading of treatment frequency plus active self directed home physical medicine. The patient has previously participated in physical therapy. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Based on the clinical information received, the request is non-certified.

Electrical stimulation, CPT code 97014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 117-121.

Decision rationale: California MTUS Guidelines state transcutaneous electrotherapy is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be

considered as a noninvasive conservative option. As per the documentation submitted, there is no evidence of a failure to respond to other appropriate pain modalities. The patient is noted to have responded favorably to trigger point injections and a lumbar sympathetic block. Additionally, electrical stimulation would be considered inappropriate for a patient in a multidisciplinary work hardening program. Based on the clinical information received, the request is non-certified.