

Case Number:	CM13-0019218		
Date Assigned:	10/11/2013	Date of Injury:	08/01/2012
Decision Date:	01/23/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	09/03/2013

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 Oklahoma 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. 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 50-year-old female who reported an injury on 08/01/2012. The mechanism of injury was noted as a fall. The diagnoses include discogenic lumbar condition with facet inflammation and left-sided radiculopathy, left hip sprain with minimal osteoarthritis and mild gluteus minimus tendinopathy, bilateral groin sprain, internal derangement of bilateral knees, and elements of depression, anxiety, insomnia, gastritis, sexual dysfunction, weight gain, and urinary incontinence and vaginal discomfort. The patient's symptoms include low back pain, radiation of the pain across her back into the buttock area, loss of movement in the low back, numbness, tingling, and spasm in the back, left hip pain, numbness in the groin area, and symptoms of depression, gastrointestinal upset, and difficulty sleeping. Objective findings include decreased range of motion in the lumbar spine, tenderness to palpation along the lumbar paraspinous muscles bilaterally, lumbar facet pain L3 to S1, tenderness to palpation of the bilateral sacroiliac joints, positive straight leg raise testing bilaterally, decreased range of motion to bilateral hips, decreased motor strength to the hip flexion, knee flexion, and knee extension bilaterally, normal reflexes, and normal sensation throughout the bilateral lower extremities. A request was made for physical therapy 3 times a week for 4 weeks for the lumbar spine and left hip, hot and cold wrap, purchase of a TENS unit, and an MRI of the left hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three (3) times a week for four (4) 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 Physical Medicine Page(s): 98-99.

Decision rationale: A request was made for 12 sessions of physical therapy to improve range of motion, function, and strength. It was noted that the patient had previously had 6 out of 12 sessions of physical therapy for pelvic floor strengthening exercises which she stated was very beneficial, although it had ended due to non-authorization of further visits. She was also noted to have had physical therapy 6 or 12 sessions soon after her injury; however, it was noted that she was not able to get much relief or improvement to her symptoms because of her pain level. The physician states that it is appropriate to try therapy now as she has noticed some improvement over time, so that she can improve range of motion, function, and strength. The California MTUS Guidelines state that physical medicine is recommended for treatment of myalgia and myositis at 9 to 10 visits over 8 weeks. The guidelines state that active therapy is based on the philosophy that therapeutic exercise is beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The patient has been shown to have musculoskeletal pain and functional deficits on physical examination; however, the request for 12 visits of physical medicine exceeds the recommendation by guidelines of 9 to 10 visits over 8 weeks. For this reason, the request is non-certified.

DME- hot/cold wrap: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: According to California MTUS/ACOEM Guidelines, for the initial care of low back symptoms, applications of heat or cold are an appropriate treatment option. More specifically, Official Disability Guidelines (ODG) state that cold and/or heat packs are recommended as continuous low level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. It also states the evidence for the application of cold treatment to low back pain is more limited than heat therapy, with only 3 poor quality studies located that support its use, but studies confirm that it may be a low risk, low cost option. Although the patient was shown to have musculoskeletal pain related to her low back and left hip, the documentation submitted did not detail what applications of hot/cold the patient had utilized at home and the response to support the requested DME. Therefore, the request is non-certified.

Purchase of a TENS unit: 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 TENS Section Page(s): 114-116.

Decision rationale: A recommendation was made for an in-home TENS unit in order to help pain and be used in conjunction with home exercises. California MTUS Guidelines state that the criteria for the use of a TENS unit includes documentation of pain of at least 3 months duration; evidence of other appropriate pain modalities that have been tried and failed; a 1 month trial period of the TENS unit should be documented with documentation of how the unit was used, as well as outcomes in terms of pain relief and function; other ongoing pain treatment should be documented during the trial period including medication usage; treatment plan should include specific short and long term goals of treatment; and a 2 lead unit is generally recommended. It was noted that the patient does not prefer oral medications; therefore, the TENS unit was recommended in order to help control her pain. The documentation provided for review does not meet the criteria for the use of a TENS unit as the patient has not been noted to have tried and failed conservative measures for at least 3 months to include medications. The plan following her visit on 07/10/2013 included a hot/cold wrap for pain relief, as well as a prescription for physical therapy, and medications to include Vicodin, Flexeril, Aleve, Tramadol ER, Medrox patches, and Terocin lotion. Documentation of the outcome of these other treatments is necessary prior to a recommendation for a TENS unit. There is a lack of documentation indicating the patient has undergone a one-month trial of a TENS unit prior to the purchase. Therefore, the request is non-certified

MRI of the left hip: 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 Official Disability Guidelines (ODG), MRI Section.

Decision rationale: According to Official Disability Guidelines, MRI for hip conditions is recommended after plain radiographs in order to evaluate select patients for whom plain radiographs were negative and suspicion is high for an occult fracture. It also states that even if a fracture is not revealed, other pathology responsible for the patient's symptoms may be detected, which will direct treatment plans. The guidelines also specify that radiography is limited in detecting hip or pelvic pathologic findings, including fractures, as well as soft tissue pathological findings, and an MRI shows superior sensitivity in detecting hip and pelvic fractures over plain film radiography. Although the patient was known to have subjective and objective findings related to her left hip, the clinical information submitted did not indicate plain x-rays had been performed prior to requesting an MRI. Therefore, the request is non-certified.