

Case Number:	CM13-0019872		
Date Assigned:	01/10/2014	Date of Injury:	03/19/2012
Decision Date:	03/19/2014	UR Denial Date:	08/12/2013
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, has a subspecialty in Pain Management, 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 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:

This is a female patient with the date of injury of March 19, 2012. A utilization review determination dated October 17, 2013 recommends certification of 4 additional outpatient physical therapy sessions to the neck and lumbar spine. The initial request was for 6 additional outpatient physical therapy visits. The utilization review determination indicates that the patient was authorized for 6 therapy sessions on August 12, 2013. Four additional sessions will bring the patient to the maximum number of recommended sessions by [REDACTED]. A letter by the patient dated November 24, 2013 indicates that the patient has had physical therapy which has relieved her pain and made her feel better. Additionally, the note indicates that the patient has had gastric bypass and cannot take NSAID medication. The patient states that a TENS machine has helped in addition to the physical therapy. A qualified medical evaluation dated September 10, 2013 indicates that the patient sustained an injury by falling to the ground at work. The patient underwent conservative treatment including physical therapy and electrodiagnostic testing. Present complaints include occasional headaches with dizziness, nausea, and vomiting. The patient also has pain in her neck and low back. There is burning pain radiating into the buttocks as well as the bilateral legs to the calf level. Tylenol, topical patches, and TENS unit help the patient. Physical examination identifies positive tenderness around the paracervical musculature, normal strength in the upper extremities, reduced grip strength with the right hand, positive muscle spasm in the lumbar spine, tenderness to palpation of the lumbar spine around L5-S1, and normal strength in the lower extremities. Diagnoses include cervical spine sprain/strain, lumbar spine sprain/strain, and head trauma. The treatment plan indicates that the patient is still fairly symptomatic with respect to the low back, and would benefit from additional conservative care consisting of physical therapy up to 12 visits in addition to the use of a TENS unit in conjunction with home cash document stretching/strengthening exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two outpatient additional physical therapy sessions to the neck and lumbar region: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173,298,Chronic Pain Treatment Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy, Neck & Upper Back Chapter, Physical Therapy

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for additional physical therapy, CA MTUS Guidelines recommend a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any specific objective functional improvement from the therapy that was recently certified, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. The request for two outpatient additional physical therapy sessions to the neck and lumbar region is not medically necessary or appropriate.

The purchase of a home TENS (transcutaneous electrical nerve stimulation) 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): 114-117.

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for TENS, the Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30 day TENS unit trial, and no documentation of specific objective functional improvement and analgesic benefit from the use of a TENS unit. The request for the purchase of a home TENS unit is not medically necessary or appropriate.

