MAXIMUS Federal Services

Case Number:	CM13-0023360		
Date Assigned:	11/15/2013	Date of Injury:	10/12/2011
Decision Date:	01/29/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/12/2013

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 Interventional Spine 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:

Patient is a 53 YO, male with a date of injury on 10/12/2011. The progress report dated 08/19/2013 by [redacted], states that review of recent electrodiagnostic testing confirms patient's left cervical and lumbar radiculopathy. He requests 12 physical therapy sessions that include hydrotherapy and a TENS unit to help address patient's pain. Utilization review denied request on 08/28/2013. The prior request for 36 sessions of aquatic therapy dated 1/29/2013 was also denied. Report dated 07/19/2013 by [redacted] indicates that patient continues to have severe neck and back pain at both levels radiating into the extremities. Physical examination showed lumbar/cervical spine spasms and guarding of both lower extremities. MRI dated 04/09/2013 showed 4mm left paracentral disc protrusion at C4-5 and moderate left-sided canal stenosis.

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 for the cervical spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Numerous reports from 12/06/2012 to 08/15/2013 make reference to prior treatments for physical therapy; however, there are no specific therapy notes to determine how many sessions the patient has received. Based on the prior denial of the requested aquatic therapy from 1/29/13, it is possible that the patient has not had any therapy in 2013. The current request is for 12 sessions of physical therapy. Unfortunately, the MTUS guidelines only allow for 8-10 sessions to treat myalgia, myositis, neuritis, radiculitis type of conditions, which this patient suffers from. MTUS does not discuss how often these treatments can be repeated. MTUS does not discuss treatments for flare-up's, exacerbations or for maintenance of function. Although a fresh course of therapy would be indicated for a new injury, change in diagnosis or following surgery, MTUS guidelines do not discuss repetition of therapy treatments for same condition. Given that the patient already exhausted therapy allowed for the given condition and that the requested 12 sessions exceeds what is allowed for the diagnosis, recommendation is for denial.

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 (transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: Patient has diagnoses of cervical and lumbar radiculopathy. Patient's current medications include Celebrex, Lidoderm patches, Methadone, and Gabapentin. Per MTUS guidelines, TENS is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive, conservative option for neuropathic pain. While a one-month trial of TENS unit may be reasonable for this patient's current condition, the requested TENS unit for home use is not supported by MTUS guidelines. Recommendation is for denial.