

Case Number:	CM13-0024629		
Date Assigned:	12/11/2013	Date of Injury:	12/20/2011
Decision Date:	02/04/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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 injured worker is a 50 year old male with date of injury 12/20/2011. The injury was sustained after lifting a 70 pound roll of aluminum foil. Since that time he has complained of low back pain radiating to both lower extremities. His current diagnosis is lumbosacral disc degeneration and spondyloarthropathy. An MRI of the lumbar spine performed 03/13/2012 showed degenerative disc disease, hypertrophic ligamentum flavum, and a broad-based disc protrusion at L5-S1 and anterolisthesis grade 1 of L5 over S1. A review of the medical record reveals that the patient has attempted physical therapy a number of times. In the last available PR2 on 08/09/2013, the patient had available to him eight authorized physical therapy visits, of which he completed only four due to pain intolerance. There is no apparent documentation in the medical record of a one-month trial of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Mngmt Prog. Decision based on Non-MTUS Citation ODG: Low Back-Lumbar & amp; Thoracic (Acute & amp; Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-26 Page(s): 98-99.

Decision rationale: In addition to the MTUS section of cited above, it is generally expected that a patient exhibits functional improvement over the course of physical therapy. He has been able to attend only 4 sessions of the 8 authorized. It appears that he is unable to realize any functional improvement from physical therapy at this time. The patient has chronic pain and the medical record reflects very little change overall in his condition over the course of the last year. Authorization for physical therapy is not certified.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-26.

Decision rationale: Prior to authorizing the purchase of a TENS unit, documentation in the medical record of its effectiveness with use for 30 days should be present. There is no apparent documentation in the record of a 30 day trial. Request for purchase of TENS unit is not certified.