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| Case Number: | CM13-0038768 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 01/23/2012 |
| Decision Date: | 02/14/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/02/2013 |

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 Family Practice 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 patient is a 53-year-old female who reported a work related injury on 01/23/2012, as a result of strain to the lumbar spine. The clinical notes document the patient presents for treatment of the following diagnoses, muscle weakness, backache, lumbosacral plex injury, joint pain left leg and joint derangement. Clinical notes document the patient has attended 72 sessions of physical therapy to date. Clinical note dated 09/13/2013 reports the patient was seen in clinic under the care of [REDACTED]. The provider documents the patient reports no significant changes since her last visit since physical therapy and FES gait training had discontinued. The patient reports utilizing a home exercise program but continues with left lower extremity weakness, lumbar spine pain radiating into the left posterior proximal thigh with paresthesias in left lateral leg to the heel. Upon physical exam of the patient, the provider documents the patient utilizes gabapentin, Relafen, and Tylenol No. 3. The patient had a prior history of an L4-5 fusion as of 11/17/2010. The provider documented the patient had 5/5 motor strength noted throughout the bilateral lower extremities with the exception of the left lower extremity revealing 3/5 motor strength. Range of motion of the lumbar spine was noted to be slightly decreased 50 degrees flexion, 20 degrees extension, bilateral lateral flexion 20 degrees, 25 degrees bilateral rotation. The provider documented the patient's deep tendon reflexes were 2/4 throughout. The provider documented the patient's sensation exam was decreased to the left lower extremity. Review of electrodiagnostic study of the left lower extremity dated 04/23/2012 by [REDACTED] revealed mild demyelinating peripheral neuropathic process involving the left lower extremity. These studies revealed no electrodiagnostic evidence of any other focal nerve entrapment, lumbosacral plexopathy, lumbar radiculopathy, myopathy, motor neuron disease, or generalized peripheral neur

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional electrical stimulations (FES) extension of individual physical therapy to the lumbar spine x 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99, 121.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient present status post a work related injury sustained in 01/2012. The patient had a prior history of a 1 level lumbar fusion performed in 2010. The clinical notes document the patient has utilized an excessive amount of supervised therapeutic interventions for her lumbar spine pain complaints and left lower extremity weakness. The provider is recommending continuation of therapies in addition to functional electrical stimulations. However, at this point in the patient's treatment 2 years status post the work related injury and documented 70 plus sessions of physical therapy attended, the current request is not supported. California MTUS indicates to allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In addition, neuromuscular electrical stimulation is not recommended, this is used primarily as a part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Given all the above, the request for functional electrical stimulations (FES) extension of individual physical therapy to the lumbar spine x 6 sessions is not medically necessary or appropriate.