

Case Number:	CM13-0038850		
Date Assigned:	12/18/2013	Date of Injury:	05/06/2008
Decision Date:	06/09/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 a date of injury of 5/6/08. A utilization review determination dated 9/19/13 recommends non-certification of physical therapy 2 x 6 lumbar spine, Meds4 + INF stimulator x 3 month's rental plus electrodes for each month, and conductive garment purchase. The physical therapy was non-certified as the patient underwent lumbar spine surgery on 7/10/13 and the reviewer opined that the patient had improved considerably post-surgery without significant residual deficits or musculoskeletal impairment, and thus there was no medical necessity for physical therapy. The stimulator and garment were non-certified as there had been no documentation of a successful trial and the patient had no significant complaints of pain, clinical deficits, or limitation in function. A letter from the provider dated 9/20/13 identifies that [REDACTED] has undergone L3-S1 lumbar laminectomy with previous instrumentation removal on July 10, 2013. As the expert reviewer notes, she has shown some improvement of functioning, but still need postoperative strengthening in the core and lumbar muscles, as well as in the lower extremities. She does still battle problems with deconditioning and lower extremity weakness, which limits her ability for independent rehabilitation. In addition to this, postoperative physical therapy is a routinely authorized treatment for patients undergoing lumbar spine surgery. As the expert reviewer notes, the generally recommended guidelines recommend 16 visits over eight weeks. In this case, we were asking for less than the recommended amount just so that the patient could have education and the home physical therapy exercise program, as well as help with improving her lower extremity endurance and strength. With regards to the MEDS-4 interferential muscle stimulator unit, as the expert reviewer notes, this treatment is being used as part of the multimodal pain management regimen for postoperative healing and as an adjunct to her current means of conservative medical management. She has not previously trialed use of this modality, as none has been available to her. I feel that she would be an

excellent candidate. Please note that this request is for a rental of the unit. If she has benefit, we may request purchase of the unit in the future. I believe these modalities are reasonable postoperative options to improve her postoperative functioning."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 6 WEEKS, LUMBAR SPINE:

Overtured

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Pain Procedure.

Decision rationale: Regarding the request for physical therapy 2 times a week for 6 weeks, California MTUS Postsurgical Treatment Guidelines support up to 16 physical therapy visits over 8 weeks after lumbar discectomy/laminectomy. Within the documentation available for review, the patient is noted to have undergone a recent L3-S1 lumbar laminectomy with previous instrumentation removal. The request appears to be for initial postoperative physical therapy and the patient was noted to have reconditioning and lower extremity weakness. The provider also notes that goals include education in a home exercise program as well as improvement in lower extremity endurance and strength. In light of the above, the currently requested physical therapy 2 times a week for 6 weeks is medically necessary.

MEDS4 PLUS INF STIMULATOR TIMES 3 MONTHS RENTAL, PLUS ELECTRODES FOR EACH MONTH: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Regarding the request for Meds4 plus INF stimulator times 3 months rental, plus electrodes for each month, California MTUS supports the use of interferential stimulation postoperatively when there is significant pain that limits the ability to perform exercise programs/physical therapy treatment. Within the documentation available for review, there is no documentation to suggest a pain level limiting the patient's ability to participate in exercise and/or physical therapy. In the absence of such documentation, the currently requested Meds4 plus INF stimulator times 3 months rental plus electrodes for each month is not medically necessary.

CONDUCTIVE GARMENT PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC) - Pain Procedure.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: Regarding the request for conductive garment purchase, California MTUS notes that this device is not appropriate until after the one-month trial of the electrical stimulator and only with documentation that the individual cannot apply the stimulation pads alone or with the help of another available person. Within the documentation available for review, there is no documentation of the above, and the electrical stimulator that would be utilized with this device is also not medically necessary. In light of the above issues, the currently requested conductive garment purchase is not medically necessary.