

Case Number:	CM13-0041907		
Date Assigned:	02/20/2014	Date of Injury:	10/03/2007
Decision Date:	04/22/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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 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 69-year old gentleman with a date of injury of 10/03/07. Mechanism of injury was a slip and fall to the ground. Since the date of injury this patient has had extensive care, including medications, PT, chiropractic care, lumbar SNRB/ESI, SI joint injection, aquatic therapy, modified activity and a lumbar decompression surgery. Prior to the 10/04/13 review of this case, the patient reportedly had not had formal physical therapy since 2011. He is now under the care of a spine specialist for chronic pain and diagnoses of low back pain, herniated lumbar disc, sacral disorder and lumbar radiculopathy. The patient returned in follow-up on 9/25/13 after having undergone bilateral L4 SNRB and a left SI joint injection on 8/28/13. The patient did report benefit. The spine specialist ordered 24 sessions of physical therapy and a TENS unit. It Final Determination Letter for IMR Case Number [REDACTED] 3 does not appear that a trial was requested. 24 sessions of physical therapy were not certified, but 6 were. The TENS was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY EVALUATION AND TREATMENT 2-3 TIMES PER WEEK FOR 8 WEEKS (24 SESSIONS): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 130-132. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Medicine Treatment.

Decision rationale: Following injections, guidelines recommend 1-2 sessions of physical therapy. Given the extensive issues that this patient has, and the multiple injections given, it would have been reasonable to do more than this, but there is no justification for certification of 24 sessions, which far exceeds guideline recommendations. There was no medical necessity for certification of 24 sessions.

TENS UNIT FOR THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, TENS - Transcutane.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines , Transcutaneous Electrotherapy. Page(s): 114-116.

Decision rationale: Guidelines only support use of TENS as an adjunct to treatment for intractable pain due to neuropathic pain, CRPS, phantom limb pain, spasticity, multiple sclerosis, and temporary use in the post-op period. Prior to consideration of a purchase, guidelines recommend a trial and define a trial as 30 days. This request for a TENS unit prior to a successful trial is not medically necessary.