

Case Number:	CM13-0047915		
Date Assigned:	12/27/2013	Date of Injury:	12/26/2012
Decision Date:	02/24/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/04/2013

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 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 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:

This is a 37 year-old policeman who injured his back from a slip and fall at work on 12/26/12. He has been diagnosed with left-side L5/S1 disc herniation with radiculopathy status post lumbar surgery with [REDACTED] on 6/17/13; s/p hip contusion and fall. The IMR application shows a dispute with the 10/22/13 decision. The 10/22/13 UR decision was from [REDACTED], and recommended non-certification for PT x8 and the Pro-Stim unit. The records available for IMR include the 10/22/13 UR denial letter, and the 10/4/13 and 10/3/13 reports from [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of aquatic therapy to the lumbar region: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The Physician Reviewer's decision rationale: Limited records are available for review. The 10/3/13 and 10/4/13 medical reports from [REDACTED] do not state the type of surgery the patient had on 6/17/13. The UR letter states it was a left-L5/S1 discectomy. MTUS states a general course of PT (Physical Therapy) for discectomy/laminectomy is 16 visits, and the initial course is half of this, or 8 sessions. The available reports from [REDACTED] do not

mention the total number of post-operative PT visits and do not discuss any functional improvement. According to the UR letter, the patient had 12 sessions of PT in July 2013. Post-surgical guidelines specifically state: "In cases where no functional improvement is demonstrated, postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period" In the limited records provided for this IMR, there is no documented functional improvement. The request for eight sessions of aquatic therapy to the lumbar region is not medically necessary or appropriate.

Pro-Stim 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 Units Section Page(s): 114-121.

Decision rationale: The Physician Reviewer's decision rationale: The reporting is not clear on the Pro Stim 5 unit, other than it does provide TENS (Transcutaneous Electric Nerve Stimulation). It is unknown if this is a combination unit that combines TENS with other electrical stimulation that may or may not be recommended by MTUS. It is not known if this is a 2-lead unit or a 4-lead unit. For post-surgical pain, MTUS states TENS is an option in the first 30-days. It is beyond the 30-days from the surgery, so the use of TENS for post-operative pain is not in accordance with MTUS guidelines. The request for a Pro-Stim unit is not medically necessary or appropriate.