

Case Number:	CM13-0053433		
Date Assigned:	12/30/2013	Date of Injury:	04/04/2013
Decision Date:	03/14/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/18/2013

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 Interventional Spine 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 24-year-old female with date of injury on 04/04/2012. Per treating physician's report on 09/04/2013, listed diagnoses are lumbar strain/sprain, degenerative lumbar spine, pain on thoracic area, and other unspecified back disorders. It would appear based on review of the reports that the patient presents with constant and intermittent pain along the back at an intensity that ranges from 7/10 to 8/10. The patient is not working. A report from 12/06/2013 listed diagnoses of rule out radiculopathy, lumbar spine strain/sprain. The MRI of L-spine on 08/12/2013 showed "minimal effacement of anterior thecal sac at T11-T12, T12-L1, and L5-S1".

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 8 sessions of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: This patient presents with chronic low back pain with MRI demonstrating minimal findings. The treating physician has requested 8 sessions of aquatic therapy. Review of

the reports show that therapy has been requested on nearly every single visit. There is a request for physical therapy on 05/17/2013, 06/12/2013, 07/19/2013, 08/30/2013, and 12/06/2013 reports. Review of the reports showed that the patient had 6 sessions of physical therapy in September, and some physical therapy received in April and May of 2013. The physical therapy reports were provided from 09/09/2013 to 09/26/2013 and it would appear that the patient has at least 6 sessions during this time. For aquatic therapy, California MTUS Guidelines page 22 states "recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. Aquatic therapy including swimming can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example, extreme obesity". In this patient, there is no documentation of extreme obesity. There is no documentation that reduced weight bearing is desirable. Furthermore, this patient has had adequate physical therapy sometime in April and May of 2013 and for another 6 sessions or so in September 2013. The patient continues to complain of subjective pain with symptoms worsening. One cannot tell that physical therapy has made a significant difference in this patient's overall function and pain levels. MRI of the lumbar spine demonstrated only minimal findings. For number of treatments, California MTUS Guidelines recommended 9 to 10 visits for myalgia/myositis, and 8 to 10 sessions for neuralgia, neuritis, and radiculitis type of symptoms. Given that the patient has already had adequate physical therapy in 2013, additional 8 sessions of therapy does not appear to be consistent with California MTUS Guidelines. The recommendation is for denial.

The request for a 30 day rental of an IF unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: This patient presents with chronic low back pain with radiation up into the thoracic area. MRI of the lumbar spine demonstrated only minimal changes without disk herniation or stenosis documented. There is a request for interferential unit, 30 day rental. The California MTUS Guidelines page 118 to 120 provided discussion regarding interferential current stimulation. It states "not recommended as an isolated intervention". It states that while it is not recommended as an isolated intervention, patient selection criteria should be "pain is ineffectively controlled due to diminished effectiveness of medication, or pain is ineffectively controlled with medications due to side effects, or history of substance abuse, or significant pain from postoperative indications limiting the ability to perform exercise programs and physical therapy treatments, or unresponsive to conservative treatments. In this case, despite review of the reports from 2013 from 05/17/2013 to 12/06/2013, there is no specific discussion regarding why interferential unit is recommended other than just for pain. In this patient, reports repeatedly indicate that the patient's condition have gotten worse. This appears to be despite adequate course of physical therapy and the medications tried as well as continued visitation with specialist and treating physicians. Since MTUS Guidelines states that one month trial of Interferential unit is reasonable if the patient is "unresponsive to conservative measures", the request appears consistent with MTUS Guidelines. The recommendation is for authorization.

