

Case Number:	CM13-0054699		
Date Assigned:	12/30/2013	Date of Injury:	03/31/2013
Decision Date:	04/29/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/19/2013

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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 34 year old man with a date of injury of 3/31/13. Prior studies include an MRI from 8/26/13 which showed a chronic deformity of T8 vertebral body and EMG/NCS of 9/5/13 which did not reveal any evidence of peripheral neuropathy or significant lumbosacral radiculopathy. He was seen by his primary treating physician on 9/16/13 with complaints of mid to low back pain and spasm with occasional flares with radiation to his left lower extremity with numbness and tingling. His thoracolumbar spine exam showed tenderness at the paravertebral muscles with spasm and pain with terminal motion. His seated nerve root test was positive with dysesthesias in the L5 and S1 dermatomes. His diagnosis was thoracolumbar discopathy and he was referred for physical therapy with deep tissue massage and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT PHYSICAL THERAPY, TWO (2) TIMES PER WEEK FOR FOUR (4) WEEKS, WITH DEEP TISSUE MASSAGE FOR PAIN CONTROL OF THE THORACIC SPINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Massage Therapy Page(s): 98-99,60.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. This injured worker had already been referred to physical in the past and a self-directed home program should be in place. Prior studies did not show radiculopathy or disc disease. Massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. The records do not support the medical necessity for physical therapy visits with deep tissue massage in this individual with back neck pain.

PURCHASE OF A HOME TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-117.

Decision rationale: TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. In this injured worker, other treatment modalities are not documented to have been trialed and not successful. There is no indication of spasticity, phantom limb pain, post-herpetic neuralgia or multiple sclerosis which the TENS unit may be appropriate for. The medical necessity for a TENS unit is not documented.