

Case Number:	CM13-0059372		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2013
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 patient is a 58-year-old female who reported an injury on 05/02/2013. The mechanism of injury was not provided for review. The patient reportedly sustained an injury to her low back. The patient has been conservatively treated with physical therapy, a TENS unit, medications and a home exercise program to include practicing golf. The patient's most recent clinical examination findings included tenderness to palpation over the right lumbosacral area with moderate stiffness. The patient's diagnoses included a lumbosacral strain/sprain. A request was made for additional physical therapy and the purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (2x3) for lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The requested physical therapy 2 times 3 for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously participated in physical therapy. However, there

were no quantitative objective functional improvements as a result of that physical therapy. There are no barriers noted within the documentation to preclude further progress of this patient while participating in a home exercise program. The California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. Therefore, the need for further physical therapy is not clearly established.

TENS unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The requested TENS unit for purchase is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends a 30 day home trial of a TENS unit with objective quantified functional improvements to support the purchase of a TENS unit. The clinical documentation submitted for review does not provide any evidence of objective measures to support functional improvements related to previous usage. Therefore, the purchase of a TENS unit would not be supported.