

Case Number:	CM13-0064203		
Date Assigned:	01/03/2014	Date of Injury:	05/13/2013
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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 Family Practice, and is licensed to practice in Texas. 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 22-year-old female who reported an injury on 05/13/2013. The mechanism of injury was noted to be the patient went to get her client up and felt a pinch in her back and lower back as she lifted the client. Prior treatments were noted to include physical therapy times 6 visits. The documentation to support the request of 09/26/2013 included 2 DWC Form RFA forms and a prescription for a combo care for stimulator unit. There was no PR-2 supplied for review. The request was made for physical therapy 2 times a week for 3 weeks, a lumbar brace, and a combo care stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48. Decision based on Non-MTUS Citation ACOEM Guidelines--Revised Chapter on Low Back Pain (August 2008) Official Disability Guidelines (ODG)

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

Decision rationale: California MTUS Guidelines indicate that physical medicine with passive therapy can provide short-term relief during the early phases of pain treatment and are directed at

controlling symptoms such as pain, inflammation and swelling, and to improve the rate of healing of soft tissue injuries. The maximum treatment is 9 to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 6 prior physical therapy visits. There was a lack of documentation of objective functional improvement with the prior treatment. The request as submitted failed to indicate the body part that was to be treated with the physical therapy. There was no objective physical examination submitted for review with the DWC form RFA. As such, no functional limitations were documented and could not support the requested service. Given the above, the request for physical therapy 2 times a week for 3 weeks is not medically necessary.

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: ACOEM guidelines indicate that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Additionally, continued use of back braces could lead to deconditioning of the spinal muscles. The clinical documentation submitted for review failed to provide the patient had documented instability to support the necessity for a back brace. Given the above, the request for a lumbar brace is not medically necessary.

COMBOCARE STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS). Decision based on Non-MTUS Citation Official Disability Guidelines--Ultrasound

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, NMES, Interferential Current Stimulation Page(s): 115-116, 121, 118. Decision based on Non-MTUS Citation abrex.com

Decision rationale: California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least three months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. They do not recommend Neuromuscular electrical stimulation (NMES devices) as there is no evidence to support its' use in chronic pain. They do not recommend Interferential Current Stimulation (ICS) as an isolated intervention. Per Abrex.com the Combo Care 4 stimulator unit includes, TENS, NMES/EMS, ISC and syncope therapies into one unit. The clinical documentation submitted for review failed to provide a thorough objective physical examination. There was lack of documented rationale to support the necessity for a combo care 4 unit. There was a lack of documentation indicating the patient had chronic neuropathic pain and would be using the unit as an adjunct to a program of functional restoration. The request as submitted failed to indicate the

requested duration of care and whether the unit was for rental or purchase. Given the above, the request for a combo care stimulator is not medically necessary.