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| Case Number: | CM14-0003909 | | |
| Date Assigned: | 02/03/2014 | Date of Injury: | 03/05/2010 |
| Decision Date: | 06/20/2014 | UR Denial Date: | 12/13/2013 |
| Priority: | Standard | Application Received: | 01/10/2014 |

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 Occupational Medicine 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 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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the life of claim; and work restrictions. A January 15, 2014 progress note was notable for comments that the applicant reported persistent low back pain. The applicant has apparently returned to regular work as a forklift driver, it was stated. The applicant was given 0% whole person impairment rating and asked to perform home exercises. An earlier note of December 4, 2013 was notable for comments that the applicant had returned to regular duty work. The applicant was asked to continue home exercises. It was stated that the applicant was not a candidate for injection therapy. A TENS unit purchase was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED PHYSICAL THERAPY 2 TIMES A WEEK FOR 4 WEEKS FOR CERVICAL AND LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CA MTUS GUIDELINES-PHYSICAL MEDICINE, ,

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48.

Decision rationale: As noted on pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, self-directed home physical medicine, and tapering or fading the frequency of treatment over time are recommended. In this case, it is not clearly stated how much prior therapy the applicant has had over the life of the claim. The applicant has returned to regular work and appears capable of transitioning to a home exercise program and independent self-directed home physical medicine without a need for a lengthy formal course of physical therapy such as that purposed here. As further noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, it is incumbent upon the attending provider to furnish a clear prescription for physical therapy, which clearly states treatment goals along with a clear description of the diagnoses causing an applicant's symptoms. In this case, however, no clear treatment goals were provided. It is not clear why an additional lengthy formal course of physical therapy such as that proposed is needed or indicated here. Therefore, the request is not medically necessary.

TENS UNIT FOR PURCHASE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- TENS, ,

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

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a TENS unit should be purchased if there is evidence that the applicant has earlier had a successful one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, there is no evidence that an earlier one-month trial of TENS unit had been completed before a decision to purchase the same was undertaken. Therefore, the request is not medically necessary.