

Case Number:	CM14-0007145		
Date Assigned:	02/19/2014	Date of Injury:	09/26/2013
Decision Date:	06/13/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation, 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 patient is an employee of [REDACTED], and has submitted a claim for lumbar radiculopathy and lumbar strain/sprain associated with an industrial injury date of September 26, 2013. Treatment to date has included NSAIDs (non-steroidal anti-inflammatory drugs), opioid creams, anticonvulsants, muscle relaxants, chiropractic session, and physical therapy. Medical records from 2013-2014 were reviewed. Patient complained of persistent lower back pain and stiffness with radiation to both legs with numbness and tingling. Physical examination showed spasm of the lumbar paravertebral muscles. Utilization review from January 13, 2014 denied the request for physical therapy 1x6 due to absence of functional improvement and the request exceeded the ODG guidelines for the number of physical therapy sessions. The request for acupuncture 1x6 was modified to acupuncture x 4 visits to serve as trial. The request for TENS unit for home use was modified to 30 day TENS trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 1X6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2013, Low Back, Physical Therapy Guidelines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that physical medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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 soft tissue injuries. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the patient was diagnosed with lumbar radiculopathy and lumbar sprain/strain. However, the date of injury is September 26, 2013 and the total number of physical therapy sessions completed was not specified. Progress report from January 6, 2014 does not indicate that the patient suffers a functional deficit. There were no reports of progression of symptoms. The current request did not indicate any functional goal for physical therapy re-enrollment and which body part is to be treated. The request for physical therapy, once weekly for six weeks, is not medically necessary or appropriate.

ACUPUNCTURE 1X6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the Acupuncture Medical Treatment Guidelines, acupuncture may be used as an option when pain medication is reduced or not tolerated or as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, and reduce muscle spasms. The guidelines allow the use of acupuncture for a frequency and duration of treatment as follows: time to produce functional improvement three to six treatments, frequency of one to three times per week, and duration of one to two months. Additionally, acupuncture treatments may be extended if functional improvement is documented. In this case, there were no reports of prior acupuncture treatments. Recent progress notes showed persistent lower back pain and lumbar paraspinal muscle spasms. A trial of acupuncture may be given to the patient, however, the request did not indicate which body part is to be treated. The request for acupuncture, once weekly for six weeks, is not medically necessary or appropriate.

TENS UNIT FOR HOME USE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation Pa.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the criteria for the use of TENS includes: Chronic intractable pain, documentation of pain of at least three months duration, there is evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. In this case, the patient complained of lower back pain since November 2013, there were notes of pain medication intake with persistence of symptoms. Medical necessity for a TENS trial is met, however, the request did not indicate whether the TENS unit for home use is for rental or purchase. The request for a TENS unit for home use is not medically necessary or appropriate.