

Case Number:	CM14-0106283		
Date Assigned:	07/30/2014	Date of Injury:	12/13/2006
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/09/2014

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 & Rehab 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 injured worker is a 29-year-old female who reported an injury on 12/13/2006. The mechanism of injury was not provided. The injured worker has a diagnosis of L3-4, L4-5, and L5-S1 disc injury with facet joint pain and right lower extremity radiculopathy. Past treatments included medication and chiropractic therapy. Diagnostic studies included an x-ray on 01/03/2014 of the lumbar spine that revealed facet hypertrophy. There is disc space narrowing from L4-S1. The injured worker's surgical history included left knee tumor surgery in 1978 and left rotator cuff surgery in 2013. Upon exam on 03/21/2014, the injured worker complained of neck, back, shoulder, hand, and wrist pain. The pain to her back was aching and stabbing, rated at a 6/10. The pain to her neck bilateral shoulders was aching and rated at a 5/10. The pain in her hand and wrist were numbing and rated 4/10. She also noted numbness in her right leg. Upon examination of the lumbar spine there was tenderness over the paraspinal musculature of the lumbar region bilaterally and there were muscle spasms bilaterally. Range of motion in flexion was 30 degrees, extension was 15 degrees, rotation was 15 degrees bilaterally, tilting was 10 degrees bilaterally, and spasm on range of motion was present. Medications include Naprosyn, tramadol, hydrocodone, and a muscle relaxer. The injured worker stated all medications help except the tramadol. The treatment plan is for authorization for 6 chiropractic therapy visits for the lumbar spine. The request is for physical therapy for the lumbar spine times 8, a TENS unit, and a lumbar corset. The request for authorization and rationale for the request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine (times 8): Upheld

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

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

Decision rationale: The request for physical therapy for the lumbar spine 8 times is non-certified. The injured worker had a history of neck, back, shoulder, hand, and wrist pain. California MTUS states 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 soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis and 8-10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. The injured worker continued to report that her symptoms continued to bother her. There is a lack of documentation for the necessity of physical therapy at this time. Injured worker's injury is over 5 years old and the pain continues. There is lack of documentation of what the specific functional goals of physical therapy is. There is lack of documentation of any home exercise program at this time. As such the request is non-certified.

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is non-certified. 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. The decision for the request for TENS unit is non-certified. The injured worker has a history of back, neck, shoulder, hand, and wrist pain. There is lack of documentation of failure of other treatments modalities. There is no documentation that the previous use of a TENS unit gave the injured worker functional benefits and such as reduction in medication use or increased ability to perform physical activity. As such, the request is non-certified.

Lumbar corset: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines Lumbar supports.

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

Decision rationale: The request for lumbar corset is non-certified. The California MTUS/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 injured worker has a history of neck, shoulder, back, hand, and wrist pain. There is no reason provided for necessity of the back support at this time and the guidelines do not support use of lumbar supports for chronic pain. As such, the request was non-certified.