

Case Number:	CM14-0012399		
Date Assigned:	02/21/2014	Date of Injury:	06/24/2008
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	01/30/2014

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 & 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 injured worker is a 55-year-old male with a reported date of injury of 06/24/2008. The injury reportedly occurred when the injured worker attempted to pick up boxes weighing 50 pounds and heard his back snap and crack. The diagnoses are listed as muscle contraction headache, cervical myofasciitis, and previous or chronic left L5 radiculopathy. His previous treatments have included physical therapy, TENS unit, epidural injections, and pain medications. The injured worker underwent anterior cervical spine discectomy for C4-7 on 06/03/2011 and a fusion of posterior approach with 10 screws infusion from C3-C7 on 09/07/2012. His medications were noted to include Omeprazole 20mg twice a day, Diazepam 10mg 3 times a day, Lyrica 150mg twice a day, Amitriptyline 10mg every day, Methadone 10mg twice a day, Promolaxin 100mg twice a day, Carisoprodol 350mg twice a day, Venlafaxine 75mg twice a day, Alprazolam 0.5mg 4 times a day, and Estazolam 2mg at bedtime. The injured worker reported that he was able to recline, open a car door, taste, smell, and hear. The injured worker reported that he had some difficulty getting on/off a toilet, wiping himself after using the toilet, brushing his teeth, combing/brushing his hair, sitting opening previously opened jars, turning faucets on and off, cutting food, riding in a motor vehicle. The progress note dated 11/26/2013 reported the cervical range of motion at flexion was 18 degrees, extension was 17 degrees, right lateral bending was 12 degrees, left lateral bending was 8 degrees, right rotation was 19 degrees, and left rotation was 17 degrees. The provider reported the motor strength was 5/5 with normal tone and bulk throughout. The provider reported the injured worker had casual gait with diminished weight bearing on the left, and a cane in the right hand. The provider reported the injured worker walked on his toes on the left side. The physical examination showed sensation was intact to light touch and pinprick throughout, and deep tendon reflexes were trace and equal throughout the upper extremities. However, in the lower extremities, it was 2+ at the knees and 1+ at the ankles. The

provider reported there was no range of motion in the lumbar spine. The Request for Authorization form was not submitted within the medical records. The request is for paid home health services to be done by wife, a TENS unit, and physical therapy 2 times 4 to the cervical and lumbar spine. The provider's rationale was not included within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAID HOME HEALTH SERVICES TO BE DONE BY WIFE: 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 Home health services Page(s): 51.

Decision rationale: The request for paid home health services to be done by wife is non-certified. The California Chronic Pain Medical Treatment Guidelines recommend home health services for medical treatment for patients who are home-bound, on a part time or intermittent basis, generally up to no more than 35 hours per week. The guidelines also state medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The guidelines do not recommend home health services for homemaker services, it is specifically for medical treatment. The clinical information provided indicated the injured worker had difficulty with activities of daily living and the information provided did not specify the medical care the injured worker was needing that would be provided by his wife. Therefore, the home health services is not medically warranted. Therefore, 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 Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for a TENS unit is non-certified. The documentation provided noted the injured worker was using a TENS unit. The California Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The guidelines also state several published evidence-based assessments of TENS have found that evidence is lacking concerning effectiveness, nor do they answer questions about long term effectiveness. The guidelines criteria for the use of TENS include documentation of pain relief of at least 3 months duration; there must be evidence that other appropriate pain modalities have been tried

(including medication) and failed; a 1 month trial of a TENS unit should be documented (as an adjunct to ongoing treatment modalities within functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental preferred over purchase during this trial. The documentation provided noted a TENS unit as being used; however, efficacy was not documented and it is not noted whether this was a trial or a purchase. Therefore, the request for TENS unit does not appear appropriate at this time. Therefore, the request is non-certified.

PHYSICAL THERAPY 2X4 TO CERVICAL AND LUMBAR SPINE: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The request for physical therapy 2 times 4 to cervical and lumbar spine is non-certified. The injured worker has received physical therapy previously and has a decreased range of motion to the cervical spine and no range of motion to the lumbar spine. The California Chronic Pain Medical Treatment Guidelines recommend for myalgia and myositis 9 to 10 visits over 8 weeks. The injured worker has received previous physical therapy; however, there is a lack of documentation regarding current measurable objective functional deficits consisting of range of motion and motor strength to the lumbar spine, as well as quantifiable objective functional improvements to the cervical and/or lumbar spine documented by previous physical therapy. There is also a lack of documentation regarding the number of previous physical therapy sessions the injured worker underwent. The guidelines support 8 to 10 unspecified myalgia to promote functional gains. The injured worker was shown to have decreased range of motion to the cervical spine and no range of motion to the lumbar spine. However, the documentation fails to indicate if the number of previous physical therapy sessions to the cervical and/or lumbar spine and since his injury and if he had functional improvement with that treatment. Therefore, despite current functional deficits, in the absence of details regarding previous treatments, it is unknown whether physical therapy is appropriate at this time. Therefore, the request is non-certified.