

Case Number:	CM14-0015268		
Date Assigned:	02/28/2014	Date of Injury:	01/12/2011
Decision Date:	07/09/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/06/2014

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 56-year-old female who reported an injury on 01/12/2011 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/10/2014, it was noted that the injured worker complained of 5-6/10 neck pain, increased with computer work and an exacerbation of the lumbar spine pain with a pain level of 4/10. The physical examination of the lumbar spine revealed tenderness and positive spasm with a negative straight leg raise. The range of motion for the lumbar spine was illegible. The diagnosis included lumbar strain. It was noted that the injured worker had persistent symptoms but had improvement with aquatic physical therapy and further treatment would be helpful with strength and to decrease exacerbations. The treatment plan included aquatic physical therapy 2 x 3, and a request for a TENS unit x 6 months. A request for Flexeril 10 mg refill was also made. The clinical notes were handwritten and illegible at some points. The Request for Authorization for TENS unit x 6 months and aquatic therapy for the diagnosis of lumbar strain, knee sprains and strains, was submitted on 01/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF AQUATIC THERAPY, TWO TIMES PER WEEK FOR 3 WEEKS, IN TREATMENT OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUA THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22 and 99.

Decision rationale: The request for 6 sessions of aquatic therapy, 2 times per week for 3 weeks, in treatment of the lumbar spine is non-certified. The California MTUS Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable, for example, extreme obesity. The recommended treatment frequency for aquatic therapy is 8 to 10 visits over 4 weeks with allowing of fading of treatment from up to 3 visits per week to 1 or less. In the clinical notes provided for review, there was a lack of documentation of the rationale for the request of aquatic therapy to include weight-bearing issues or failure of land-based physical therapy with conservative modalities. It was annotated that the injured worker had previous aqua therapy; however, it was not documented the time or duration and efficacy of the sessions attended. Therefore, the request for 6 sessions of aquatic therapy, 2 times per week for 3 weeks, in treatment of the lumbar spine is non-certified.

6 MONTH RENTAL OF A TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: The request for a 6 month rental of a TENS unit is non-certified. The California MTUS Guidelines state that a TENS unit is not recommended 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. In the clinical notes provided for review, there was a lack of documentation of the rationale for the request of a TENS unit. It was noted that the injured worker had muscle spasm to the lumbar spine; however, there was a lack of documentation of conservative care to include physical therapy, and NSAIDs. It was noted that the injured worker had a refill of Flexeril, a muscle relaxant; however, there was a lack of documentation of the efficacy and duration of the prescribed medication. Furthermore, the request is in excess of the recommended 1 month rental of a TENS unit by 5 months. Therefore, the request for a 6 month rental of a TENS unit is non-certified.