

Case Number:	CM14-0018018		
Date Assigned:	04/16/2014	Date of Injury:	02/11/2013
Decision Date:	06/03/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/12/2014

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 ABFP has a subspecialty in ABPM 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:

62 year old male claimant sustained a work injury on 2/11/13 resulting in chronic low back and leg pain. He had a diagnosis of lumbar radiculitis, spinal stenosis, and disc degeneration. He underwent spine surgery in October 2013. An exam report on 12/3/13 indicated his post-operative site was doing well and he completed 1 /12 physical therapy sessions. An exam report on 1/2/14 indicated the claimant had completed 10 of 12 physical therapy sessions. A request was made for TENS unit electrode pads and 12 additional therapy sessions. An exam report on 2/4/14 indicated that the claimant had completed 4 out of 6 physical therapy sessions. He had limited range of motion of the lumbar spine and tenderness of the supraspinous ligament. His neurological exam was unremarkable. He had taken oral analgesics for pain and had modified work duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Operative Physical Therapy.

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

Decision rationale: In this case, the claimant had already completed 12 sessions of therapy prior to an additional request in January 2014. The guidelines recommend a fading frequency and up to 10 visits for radiculitis. The clinical documents do not indicate that further therapy cannot be completed in a home program. The amount of therapy requested exceeds the amounts recommended by the guidelines and is not medically necessary.

UNKNOWN TENS UNIT ELECTRODES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use Of Tens,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tens Unit Section, Page(s): 114-115.

Decision rationale: In this case, the claimant does not have the clinical diagnoses above to necessitate TENS. The length of prior time of use is not noted in the documentation and therefore the electrodes are not medically necessary.