

Case Number:	CM14-0162719		
Date Assigned:	10/17/2014	Date of Injury:	02/02/2004
Decision Date:	11/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 2, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 9, 2014, the claims administrator denied a TENS unit, partially approved a request for unspecified amounts of physical therapy as four sessions of the same, conditionally denied tizanidine, conditionally denied Mobic, and conditionally denied tramadol. The applicant's attorney subsequently appealed. In a handwritten progress note seemingly dated August 4, 2014, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. The applicant was given prescriptions for Mobic and Robaxin and asked to return to regular duty work. In a progress note dated August 26, 2014 the applicant was described as having ongoing complaints of low back and left leg pain status post earlier left L4-L5 microdiscectomy. The attending provider stated that the applicant had not had any recent physical therapy or medications. The applicant was asked to continue using Tizanidine, Mobic, and Ultram. The attending provider stated that the applicant should continue to work with a previously imposed 35-pound lifting limitation in place. Epidural steroid injection therapy was sought. The attending provider suggested that the applicant obtain a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision and/or purchase of a TENS unit beyond an initial one-month trial should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. In this case, however, the TENS unit purchase was sought without evidence of a previously successful one-month trial of the same. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

Physical therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, the applicant had seemingly returned to work with a rather permissive 35-pound lifting limitation in place. It was not clearly stated why the applicant could not continue performing self-directed physical medicine in the context of maintaining regular duty work status and/or through a home exercise program. It is further noted that the MTUS Guideline in ACOEM Chapter 3, page 48 states that it is incumbent upon an attending provider to furnish a prescription for therapy which "clearly states treatments goals." In this case, the request for therapy was open ended, did not state how much therapy was being sought, and did not state what the explicit goals of therapy were. Therefore, the request is not medically necessary.