

Case Number:	CM14-0035110		
Date Assigned:	06/23/2014	Date of Injury:	03/09/2011
Decision Date:	08/05/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/21/2014

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 and Rehabilitation 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:

This 31 year-old security guard sustained an injury on 3/9/11 when he had a syncopal episode while employed by [REDACTED] on a movie set. The requests under consideration include Trial of pool therapy, three sessions per week for three weeks for the lumbar spine and IF II and supplies (purchase) for lumbar spine. Conservative care has included physical therapy, chiropractic care, and acupuncture without benefit; home exercise program with benefit, lumbar epidural steroid injections with no functional benefit; and medications with partial temporary benefit. MRI of the lumbar spine dated 7/7/13 showed L5-S1 with HNP of 5 mm; mild hypertrophy; mild decrease in AP sagittal diameter of canal without significant canal or neural foraminal stenosis impression. EMG/NCS of bilateral lower extremities dated 7/30/13 showed acute left L5, S1 lumbosacral radiculopathy; no evidence of peripheral or entrapment neuropathy seen. Report of 1/7/14 from the chiropractic provider noted the patient with complaints of headaches, low back pain radiating down left leg. Exam of lumbar spine showed tenderness, spasm over paralumbar muscles; SI joint, sciatic notch and sacral base; hyperesthesia over L4, L5, and S1 on left; positive SLR on left; decreased sensation of L5-S1 dermatome on left. Treatment included surgical spine consult, pool therapy, and interferential unit. There was an Orthopedic QME supplemental report of 1/15/14 noting patient was not a candidate for surgical intervention. Request(s) for Trial of pool therapy, three sessions per week for three weeks for the lumbar spine and IF II and supplies (purchase) for lumbar spine were non-certified on 2/25/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of pool therapy, three sessions per week for three weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy and physical medicine guidelines sections Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines, low back, physical therapy.

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

Decision rationale: Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Trial of pool therapy, three sessions per week for three weeks for the lumbar spine is not medically necessary and appropriate.

Interspect IF II and supplies (purchase) for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): pages 115-118.

Decision rationale: The California MTUS guidelines recommend a one-month rental trial of TENS unit to be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function; however, there are no documented failed trial of TENS unit or functional improvement such as increased ADLs, decreased medication dosage, increased pain relief or improved work status derived from any transcutaneous electrotherapy to warrant a purchase of an interferential unit for home use for this chronic injury. Additionally, IF unit may be used in conjunction to a functional restoration process with return to work and exercises not demonstrated here. Submitted reports have not adequately demonstrated functional improvement derived from Transcutaneous Electrotherapy previously rendered. The Interspect IF II and supplies (purchase) for lumbar spine is not medically necessary and appropriate.

