

Case Number:	CM14-0038549		
Date Assigned:	06/27/2014	Date of Injury:	01/13/2006
Decision Date:	07/23/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/02/2014

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, has a subspecialty in Pain Management 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 patient is a 51 year old female with date of injury 1/13/06. The treating physician report dated 2/28/14 indicates that the patient presents with neck pain, bilateral upper extremity pain and lower back pain that radiates down bilateral lower extremities. The pain is a 3/10 with medications and 8/10 without medications. The current diagnoses are: 1. Cervical Radiculopathy. 2. Lumbar Radiculopathy. 3. Right shoulder pain. 4. Fibromyalgia. 5. OA right hip. 6. Anxiety and depression. 7. Gastritis with hypertension. 8. Chronic nausea and vomiting; NSAID intolerance. The utilization review report dated 3/17/14 denied the request for PT 2x4 and interferential unit supplies based on the rationale that the patient had previously completed PT 8 sessions and the patient uses a TENS unit not an IF unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two (2) times a week for four (4) weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical Medicine, pgs. 98-99.

Decision rationale: The patient presents chronic neck and lower back pain with associated radiculopathies. The current request is for physical therapy 2x4. In reviewing the reports provided it is noted that the patient was prescribed physical therapy 1-2 x 4 in the 9/13/13 report. The utilization review report dated 3/17/14 noted that the patient received prior physical therapy with improvement in pain control and functionality after 8 visits. The MTUS Guidelines supports physical therapy and states for, "Myalgia, myositis and neuritis type conditions, unspecified (ICD9 729.1): 8-10 visits over 8 weeks." There is no documentation of any new injuries or rationale as to why additional physical therapy is required at this juncture following a previous round of PT less than 6 months prior to this request. Recommendation is for denial.

Interferential unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, Interferential Current Stimulation (ICS).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, TENS, pgs. 114-121.

Decision rationale: The patient presents chronic neck and lower back pain with associated radiculopathies. The current request is for interferential unit supplies. The treating physician states, "The patient reports information on the use of a TENS unit. The unit has been used for months over 10 months. It is used several times per day and pain is reduced by 30%." The MTUS Guidelines support the use of interferential current stimulation. In this case the patient has not been prescribed an interferential unit, therefore supplies cannot be authorized. While it may be appropriate for TENS supplies to be requested, the treater will need to continue to document functional improvements in utilization of the TENS unit. The current request is not supported because the patient is using a TENS unit not an interferential unit. Recommendation is for denial.