

Case Number:	CM14-0040845		
Date Assigned:	06/20/2014	Date of Injury:	01/17/2008
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Texas and New York. 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 50-year-old male who reported an injury on 01/17/2008 secondary to an unknown mechanism of injury. His diagnoses include chronic low back pain, chronic left buttock pain, chronic left lower extremity pain/paresthesia, chronic left S1 radiculopathy, and epidural fibrosis at the L5-S1 level surrounding the left S1 nerve root, sacroiliitis, degeneration of lumbar or lumbosacral intervertebral disc, and lumbar facet arthrosis. His current medications were noted to include Celebrex, Motrin, and Prilosec. Previous treatments for this injury were noted to include activity modification, physical therapy, a TENS unit, heat, ice, stretching, exercise, and self-directed aquatic therapy. The injured worker was evaluated on 01/10/2014 and reported 6/10 low back pain. It was noted that the injured worker participated in self-directed aquatic therapy at an indoor pool facility. It was also noted that the injured worker had "benefited greatly" from TENS use during physical therapy in the past. On this date, the injured worker reported very little pain relief with Motrin. He also reported that he could not tolerate narcotic side effects. It was noted that naproxen similarly failed previously. Upon physical examination, the injured worker was noted to have a positive straight leg raise on the left side with decreased sensation to light touch in the left foot. The injured worker was recommended for continued medications, the purchase of a TENS unit for home use, and a trial membership of the pool facility for which the injured worker had been privately paying. It was noted that he "benefited greatly" from self-directed aqua therapy and that he would like to resume aquatic exercises to increase his flexibility and activity tolerance, as well as to reduce his overall pain. At the most recent clinical visit on 02/13/2014, the injured worker reported very good pain relief from Celebrex. On this date he reported that his pain was 7/10 due to a long commute. His physical examination findings were unchanged from the previous clinical visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

Decision rationale: The California MTUS Guidelines may recommend a 1 month home-based TENS trial as an adjunct to a program of evidence-based functional restoration. The guidelines also state that there should be documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during the 1 month trial prior to purchase of a TENS unit. It was noted that the injured worker used a TENS unit in physical therapy previously. It was noted that he "benefited greatly" from TENS use during physical therapy in the past. There is a lack of documented evidence to indicate how often the unit was used, as well as quantifiable pain relief and objective functional improvement with the use of a TENS unit. Therefore, it cannot be determined that the injured worker would benefit significantly from the purchase of a TENS unit for home use at this time. Therefore, the request for purchase of a TENS unit is not medically necessary.

Pool Membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER, GYM MEMBERSHIPS.

Decision rationale: The California MTUS Guidelines may recommend aquatic therapy as an alternative to land-based physical therapy where reduced weight bearing is desirable. It was noted that the injured worker participated in self-directed aquatic therapy with his indoor pool membership for which he paid privately. It was also noted that he participated in aquatic therapy in previous physical therapy sessions. It was noted that he "benefited greatly" from aquatic therapy. There is a lack of documented evidence to indicate objective functional improvement with regard to specific strength and range of motion values achieved with previous aquatic therapy. Therefore, it cannot be determined that the injured worker would benefit significantly from additional aquatic therapy. There is also a lack of documented evidence to indicate that the injured worker is unable to participate in land-based exercise. Furthermore, the Official Disability Guidelines state that treatment needs to be monitored and administered by medical professionals. These guidelines state that, with unsupervised programs, there is no information flow back to the provider so that he or she can make changes in the prescription, and there may be risk of further injury to the injured worker. As the injured worker's participation in aquatic

therapy was noted to be self-directed, it cannot be determined that he will receive appropriate supervision in order to prevent risk of further injury. Additionally, the request as written does not specify a duration for the pool membership. Therefore, it cannot be determined that the request allows for timely re-assessment of treatment efficacy. Therefore, the request for pool membership is not medically necessary.