

Case Number:	CM14-0055578		
Date Assigned:	07/09/2014	Date of Injury:	09/26/2012
Decision Date:	09/03/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/24/2014

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 patient is a 51-year-old male who has submitted a claim for lumbar sprain and myalgia and myositis, unspecified, associated with an industrial injury date of September 26, 2012. Medical records from 2013 to 2014 were reviewed. The patient complained of constant low back pain rated 4/10 without medications, and 2/10 with medications. Pain is worst at the sacroiliac joint and sacrum rated 7/10. Physical examination showed fairly good lumbar spine ROM with mild grimacing and compensatory behavior on full extension and lateral bending, left greater than right; severe tenderness in the sacroiliac joints, mild to moderate in the sacral borders; moderate to severe tenderness in the sciatic notches with gluteal spasms, right greater than left. The diagnoses were lumbar spine sprain/strain and myofascial pain. Treatment plan includes requests for acupuncture, physical therapy, CBT one time evaluation, and TENS. Treatment to date has included oral and topical analgesics, muscle relaxants, physical therapy, home exercise program, acupuncture, TENS, and heat and cold modalities. Utilization review from April 9, 2014 denied the requests for TENS unit 2 month trial due to limited documentation of a TENS unit trial in a clinical setting with positive responses obtained that would warrant a 2 month rental; acupuncture QTY. 6 due to limited documentation of any specific objective and functional outcome from previous acupuncture therapy; physical therapy Qty. 4 because the request has exceeded the guideline recommendation and there is limited documentation of objective functional gains from previous treatment; and cognitive behavioral therapy one time evaluation due to limited documentation of psychologically-related complaints as a result of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit 2 month trial: Upheld

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

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

Decision rationale: As stated on pages 114-116 of the CA MTUS Chronic Pain Medical Treatment Guidelines, TENS is not recommended as a primary treatment modality. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. In this case, TENS use was noted as far back as March 2013. However, there was no objective evidence of overall pain improvement and functional gains from its use. Furthermore, there was no evidence that TENS will be used in conjunction with other ongoing treatment modalities. In addition, the request exceeds the recommended trial period. The guideline recommends a one-month trial of TENS with documented pain relief and functional improvement prior to continuation of treatment. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for TENS Unit 2 month trial is not medically necessary.

Acupuncture, Quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. It may be used as an option when pain medication is reduced or not tolerated. Time to produce time to produce functional improvement is 3-6 treatments and may be extended if functional improvement is documented. In this case, the patient previously received 6 sessions of acupuncture according to a progress report dated March 13, 2013. However, there was no evidence of overall pain improvement or functional benefit from previous treatment. The guideline requires documentation of functional improvement for additional treatment. Moreover, there was no evidence that medications were reduced, not tolerated, or has failed to relieve pain. Likewise, the request did not specify body part for treatment. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Acupuncture, Quantity 6 is not medically necessary.

Physical therapy, Quantity 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Comp Low Back Procedure Summary.

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guideline recommends 9-10 visits for myalgia and myositis, and allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient previously received approximately 10-15 sessions of physical therapy according to a progress report dated March 13, 2013. The patient has already exceeded the recommended number of visits. Moreover, there was no evidence of overall pain improvement and functional benefit from the treatment. The request also did not specify body part for treatment. The medical necessity has not been established. There was no compelling rationale concerning the need for variance from the guideline. Therefore, the request for Physical therapy, Quantity 4 is not medically necessary.

Cognitive behavioral therapy one time evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: According to page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks. In this case, there were no psychosocial issues evident in the medical records provided. There was no clear indication for behavioral intervention at this time. The medical necessity has not been established. Therefore, the request for Cognitive Behavioral Therapy one time evaluation is not medically necessary.