

Case Number:	CM14-0067020		
Date Assigned:	07/11/2014	Date of Injury:	11/18/2013
Decision Date:	08/14/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/12/2014

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 Ohio. 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 37-year-old male who reported an injury on 11/18/2013 while picking up a box. The injured worker had a history of low back pain and right sacroiliac strain. There were no medical records to review. The documentation included a Notice of Utilization Review Decision dated 05/07/2014. Per the information given, the treatment plan included medications, bracing and therapy. An MRI impression of the lumbar spine on 02/06/2014 documented posterior disc bulges at L3-4, L4-5, and L5-S1 with no evidence of central or lateral spinal stenosis. The injured worker had an initial chiropractic treatment on 01/21/2014. The progress report dated 04/29/2014 cited subjective complaints of ungraded and loss of range of motion. The objective findings documented palpable pain L4-5, sensory loss L5, positive straight leg raise at 60 degrees on the left, and continued low back pain radiating to the left leg. The diagnoses were lumbosacral sprain/strain, sciatica, and lumbar intervertebral disc displacement. The treatment plan recommended physical therapy 1 time a week for 4 weeks and TTPI and LINT. The injured worker remained off work until 06/01/2014. There was no documentation in the record related to the amount of therapy provided for injured workers since 01/21/2014 or evidence of functional improvement. The rationale for physical therapy is the patient presented with low back and left leg pain. There was no documentation of objective measurable functional gains to support any physical therapy. Rationale for trigger point impedance imaging (TPII) and for localized intense neurostimulation therapy (LINT) was not given.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine guidelines Page(s): 98-99.

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

Decision rationale: The request for physical therapy QTY: 4 is not medically necessary. The injured worker had a history of low back pain and right sacroiliac strain. California Medical Treatment Utilization Schedule MTUS Guidelines recommend therapy focused on functional restoration with evidence of functional improvement. There was no medical necessity proven within the documentation provided. Also there was no specific body part for physical therapy. As such, the request for physical therapy times 4 is not medically necessary.

Trigger point impedance imaging QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back and thoracic (Acute & chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hyperstimulation analgesia.

Decision rationale: The request for trigger point impedance imaging quantity 1 is not medically necessary. The injured worker had a history of low back pain and right sacroiliac strain. The Official Disability Guidelines do not recommend until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. There are no studies to support the efficacy of this treatment. As such, the request is not medically necessary.

Localized intense Neurostimulation therapy QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hyperstimulation analgesia.

Decision rationale: The request for localized intense neurostimulation therapy quantity 1 is not medically necessary. The injured worker had a history of low back pain and right sacroiliac strain. The Official Disability Guidelines do not recommend until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the

manufacturer. There are no studies to support the efficacy of this treatment. As such, the request is not medically necessary.