

Case Number:	CM14-0089837		
Date Assigned:	07/25/2014	Date of Injury:	01/15/2012
Decision Date:	09/22/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/13/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 53-year-old female who has submitted a claim for L4-5 and L5-S1 herniated disc, status post L4-5 and L5-S1 microdiscectomy (11/2013), right lumbar radiculopathy, L4-5 and L5-S1 degenerative disc disease, and L4-5 oblique take off associated with an industrial injury date of 01/15/2012. Medical records from 02/13/2014 to 05/08/2014 were reviewed and showed that patient complained of low back pain graded 3-4/10 with tingling of the right leg. Physical examination revealed mild pain with lumbar flexion and extension, decreased sensation along the dorsolateral foot on the right side, and mildly positive SLR. Treatment to date has included L4-5 and L5-S1 microdiscectomy (11/2013), six visits of physical therapy, and Lidoderm patch. Of note, physical therapy notes (visit 6 of 6 dated 05/06/2014) state that the patient has progressed with treatment. Utilization review dated 06/09/2014 denied the request for TENS unit one (1) month rental for the lumbar spine because the guidelines do not recommend this modality as an isolated form of treatment. Utilization review dated 06/09/2014 denied the request for one outpatient consultation with ortho spine specialist because the physical exam findings did not suggest that the patient was a surgical candidate. Utilization review dated 06/09/2014 denied the request for one outpatient physical therapy visit with for instruction because the patient has already been treated with physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Month rental of a TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain.

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

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, TENS is not recommended as a primary treatment modality. A trial of one-month home-based TENS may be considered as a noninvasive conservative option. It should be used as an adjunct to a program of evidence-based functional restoration. 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. In this case, it is unclear as to whether the patient is actively participating in a functional restoration program. The guidelines do not recommend TENS as a solitary form of treatment. Therefore, the request for 1 Month rental of a TENS (transcutaneous electrical nerve stimulation) unit for the lumbar spine is not medically necessary and appropriate.

1 Physical therapy (PT) visit for instruction: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

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. Physical medicine guidelines 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 has already completed six visits of physical therapy. ODG states that the required physical therapy sessions for intervertebral disc without myelopathy are 10 visits over 8 weeks. In this case, the patient has already completed 6 visits of physical therapy with documentation of progression (05/06/2014). The guidelines support up to 10 visits of physical therapy for this case. The medical necessity for additional physical therapy has been established. Therefore, the request for 1 Physical therapy (PT) visit for instruction is medically necessary and appropriate.

1 Consultation with an orthopedic spine specialist: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. In this case, the patient complained of low back pain radiating down the right leg. However, there was no documentation of diagnosis uncertainty, psychosocial factors, or treatment failure to support referral. There is no clear indication for a referral at this time. Therefore, the request for 1 Consultation with an orthopedic spine specialist is not medically necessary and appropriate.