

Case Number:	CM14-0100497		
Date Assigned:	07/30/2014	Date of Injury:	11/15/2012
Decision Date:	01/02/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	06/30/2014

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 54 year-old female with date of injury 11/15/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/16/2014, lists subjective complaints as pain in the low back and right hip. Patient has completed 4 sessions of acupuncture to date. Objective findings: Examination of the lumbar spine revealed full range of motion of the lower extremities with pain reported with ranging of the right hip. Provider noted that there was some inconsistency with this exam. Patient transferred and walked without any difficulty. She moved the upper extremities functionally. Diagnosis: 1. Lumbago 2. Pain in joint, hand 3. Pain in joint, pelvic region and thigh.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pelvis Floor Rehab x 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: Pelvic floor exercises are passive therapy. The MTUS recommends passive therapy only during the early phases of the treatment and when they can be used sparingly with

active therapies to help control swelling, pain and inflammation during the rehabilitation process. The age of the patient's claim does not meet the requirement of the early phase of treatment. Pelvis Floor Rehab x 6 sessions is not medically necessary.

Tibial Nerve Stimulation: 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) Percutaneous neuromodulation therapy (PNT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Percutaneous neuromodulation therapy (PNT)

Decision rationale: According to the Official Disability Guidelines, percutaneous neuromodulation therapy (PNT) is considered investigational and not recommended. Percutaneous neuromodulation therapy is a variant of PENS in which up to 10 fine filament electrodes are temporarily placed at specific anatomical landmarks in the back. PENS is also not recommended by the ODG. Tibial Nerve Stimulation is not medically necessary.