

Case Number:	CM14-0187691		
Date Assigned:	11/17/2014	Date of Injury:	05/02/2014
Decision Date:	01/15/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/11/2014

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 Family Medicine and is licensed to practice in New York and New Jersey. 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 54 year-old male who injured his lower back on 5/2/14 after moving a desk. He complained of lower back pain radiating to left foot with tingling. On exam, he had a tender lower back with normal strength and sensation. A 6/2014 lumbar MRI showed disc bulge at L4-5. He was diagnosed with lumbar facet arthropathy, lumbar radiculitis, lumbar sprain/strain. His medications include Tramadol, Ibuprofen, Gabapentin, and Omeprazole. He had physical therapy but was not allowed to continue after the MRI showed a lumbar disc bulge. Physical therapy was authorized again but it was unclear how many visits he completed and what affect they had. It was determined by utilization review on 11/3/14, that additional physical therapy 2x3 and a 30 day rental of a home TENS unit were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy Lumbar spine 2x3(total 21): Upheld

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

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

Decision rationale: The request for physical therapy for lumbar spine is not medically necessary. The patient has already received an unspecified number of physical without documentation of subjective or objective improvement. The patient should be able to continue a home exercise program at this point. Also according to ODG, there should be an assessment showing improvement after a trial of six sessions in order to continue with more physical therapy. There is a lack of documentation. Therefore, the request is considered not medically necessary.

Home TENS unit 30 day rental: Upheld

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

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

Decision rationale: The request is not medically necessary. A trial of TENS unit is reasonable as an adjunct to a functional restoration program when other conservative appropriate pain modalities have failed. There is no clear documentation that the patient failed medications and physical therapy. As per MTUS guidelines, TENS "does not appear to have an impact on perceived disability or long-term pain" in the management of chronic low back pain. There is no clear reason to recommend a TENS unit at this time. The request is considered not medically necessary.