

Case Number:	CM14-0203219		
Date Assigned:	12/15/2014	Date of Injury:	06/21/2013
Decision Date:	02/04/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice and is licensed to practice in 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 worker is a 43 year old male who was injured on 8/21/2013. He was diagnosed with thoracic sprain. He was treated with various medications and physical therapy. The most recent note provided in the documents for review was from 4/21/14 and it was a supplemental report by the primary treating provider stating that the provider agreed with recommendations of a previous office visit with a pain management physician who recommended various medications, stretching and strengthening exercises for his neck and mid and low back, and continual physical therapy. Later, on 11/10/2014, the worker's general surgeon recommended physical therapy, acupuncture, TENS, hot/cold therapy, and a pain management consultation. There were no supporting documents provided by the requesting physician (progress notes, etc.) to help justify the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 Times A Week for 6 Weeks to The Lumbar Spine: 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: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, it is not known how many sessions of physical therapy he had completed nor how he responded to them in order to make an assessment for medical necessity of additional physical therapy sessions. Considering that his injury was more than one year prior to this request and that he had some physical therapy many months prior to the request, it is likely that home exercises would be the most appropriate physical modality, due to no evidence being submitted that the worker had difficulty performing home exercises. Therefore, the physical therapy is not medically necessary.

Acupuncture 2 Times A Week for 6 Weeks to The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was insufficient supportive documentation to show he was a good candidate for acupuncture. It is not known if the worker had already completed some acupuncture for his injuries as this information was not provided in the documents available for review. If this was a first time attempt at acupuncture, then only a few sessions would be sufficient, and not the 12 that was requested. Therefore, the 12 sessions of acupuncture is not medical necessary.

DME Continue TENS/Multi-Stim/Interferential Unit (Unspecified Frequency and Duration); Hot/Cold Pack Wrap or Thermal Combo Unit (Purchase or Rental): 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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Heat therapy AND Cold/heat packs

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes: 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. The MTUS ACOEM Guidelines are not specific as to whether or not heat therapy is appropriate for long-term use, but does mention it as an acceptable and essentially harmless conservative method to treat acute low back pain, or any other muscle pain (typically up to 2 weeks). The ODG recommends heat or cold therapy as options for low back pain. Heat has been shown to reduce pain (although small and short-term) and increase function, especially when used during exercise during recovery from musculoskeletal injuries. However, for cold or heat therapy to be justified for continuation, the patient needs to exhibit or report improvements in function and pain-relief attributable to its use. Also, heat and cold therapy applied with a specialized device has not been shown to be superior to simpler methods. In the case of this worker, the worker's background history with TENS unit use and effectiveness was not provided in the documents available for review. Also, there was no indication that the worker required a specialized heat/cold wrap for rent or for purchase. Without this evidence of benefit with prior use of the TENS unit, it will be considered medically unnecessary to continue.

Urinary Drug Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids Page(s): 43; 77, 78, 86.

Decision rationale: The MTUS Chronic Pain Guidelines state that urine drug screening tests may be used to assess for the use or the presence of illegal drugs. Drug screens, according to the MTUS, are appropriate when initiating opioids for the first time, and afterwards periodically in patients with issues of abuse, addiction, or poor pain control. The MTUS lists behaviors and factors that could be used as indicators for drug testing, and they include: multiple unsanctioned escalations in dose, lost or stolen medication, frequent visits to the pain center or emergency room, family members expressing concern about the patient's use of opioids, excessive numbers of calls to the clinic, family history of substance abuse, past problems with drugs and alcohol, history of legal problems, higher required dose of opioids for pain, dependence on cigarettes, psychiatric treatment history, multiple car accidents, and reporting fewer adverse symptoms from opioids. In the case of this worker, there was insufficient evidence to suggest he required a drug screening, based on the documents provided for review. There was no evidence to suggest there was inappropriate or abnormal behavior and there was also no evidence to suggest he was

regularly taking opioids as this was also not found in the documentation. Therefore, the drug screening is not medically necessary.