

Case Number:	CM14-0206919		
Date Assigned:	12/18/2014	Date of Injury:	10/06/2011
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehab 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 57- year old female with date of injury 10/6/11. The treating physician report dated 11/20/14 (27) indicates that the patient presents with pain affecting her low back radiating into her right hip posteriorly and pain in her bilateral hands. The physical examination findings reveal that the patient sometimes wakes up in the middle of the night and states that her right leg and occasionally left leg is numb. She feels her right hand "seizes" and she feels a cramping in her right hand intermittently and into her inferior forearm. Her left hand feels fatigued with more pain over the wrist. No limitation in range of motion of the lumbar spine is noted. All of her lower extremity reflexes are normal and strength in her bilateral lower extremities is within normal limits grossly. Sensation to light touch and pinprick is normal. Prior treatment history includes left knee surgery in 11-08, C6-7 steroid injection 4/13, Left shoulder rotator cuff repair 7/13, CTS release 10/13 along with medications, traction heat and ice treatment. MRI findings dated 9/10/14 reveal mid acute compression fractures of the inferior endplate of L2 and superior endplate of L3 (less than 25% loss of height). Severe multi-level degenerative discogenic disease of the lumbar spine, with central canal stenosis and neural foraminal narrowing most advanced from L3-4 through L5-S1. The current diagnoses are: - Brachial Neuritis or Radiculitis Not Otherwise Specified- Lumbar Disc Displacement without Myelopathy- Carpal Tunnel Syndrome- Cervical Spondylosis Without MyelopathyThe utilization review report dated 11/25/14 (8) denied the request for additional PT 2 X 3 based on MTUS and denied the request for TENS Unit purchase based upon MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PT 2 X 3: 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 patient presents with pain affecting her low back radiating into her right hip posteriorly and pain in her bilateral hands. The current request is for additional PT 2 X 3. The treating physician report dated 11/20/14 (27) states, the patient "would like to proceed with conservative treatments and defer injections for now." Therefore, the physician requests "physical therapy for the lumbar spine-6 sessions for now to focus on strengthening, stretching." MTUS guidelines recommend 8-10 sessions of physical therapy for the patient's type of condition. There is minimal medical history to indicate the patient's results through physical therapy. However, it is documented that the patient has completed 9 sessions of physical therapy (9). There is no information in the reports presented to indicate that the patient has suffered a new injury and no new diagnosis is given to substantiate a need for additional physical therapy beyond the MTUS guideline. Therefore, ADDITIONAL PT 2 X 3 is not medically necessary.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with pain affecting her low back radiating into her right hip posteriorly and pain in her bilateral hands. The current request is for the purchase of a TENS unit. The treating physician report dated 11/20/14 (27) states, the patient "would like to proceed with conservative treatments and defer injections for now." Therefore, the physician requests "physical therapy for the lumbar spine-6 sessions for now to focus on strengthening, stretching, TENS unit. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted. Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. Nor has a treatment plan with short- and long-term goals been mentioned in the request. Therefore, TENS Unit is not medically necessary.

