

Case Number:	CM14-0095104		
Date Assigned:	07/25/2014	Date of Injury:	03/21/2014
Decision Date:	01/27/2015	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/23/2014

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 Emergency 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:

Patient with reported date of injury on 3/21/2014. Mechanism of injury is claimed to have been from slip and fall backwards while holding cardboard. Patient has a diagnosis of lumbar radiculopathy, cervical disc disease, thoracic disc disease and lumbar disc disease. Medical reports reviewed. Last report available until 6/18/14. Patient complains of neck and low back pain. Pain is moderate to severe. Low back pain radiates down R leg. Patient reportedly feels some benefit from use of TENS and physical therapy. Objective exam reveals mild distress and antalgic gait. Tenderness to entire paraspinal from cervical to lumbar region with spasms. Limited range of motion especially flexion-extension. Positive R leg raise. Additional PT sessions were requested because pt complained of increasing pain after cessation of PT sessions. TENS was requested because of "improvement" in pain. MRI of thoracic spine(4/24/14) revealed T7-8 L paracentral recess disc extrusion extending 2mm dorsally. Mild canal narrowing. MRI of lumbar spine(4/24/14) revealed multilevel lumbar spine facet arthritis and mild degenerative changes at L5-S1, L2-3 with mild L neural foraminal narrowing and L3-4 with bilateral narrowing. MRI of cervical spine(5/5/14) revealed C6-7 3mm disc bulge with mild central canal stenosis and cord compression, L severe foraminal stenosis, diffuse facet arthropathy, C5-6 with bilateral foraminal stenosis. Medication list was not provided except to note that patient is on ibuprofen and tramadol. Was on Flexeril in the past. Patient had reported 6 physical therapy sessions done recently and another series of sessions done in 2011. Independent Medical Review is for Physical Therapy 2times a week for 4weeks(8total) for lumbar spine and Transcutaneous Electrical Nerve Stimulation(TENS) unit rental for #30days. Prior UR on 6/11/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for four (4) weeks lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy (PT) is recommended for many situations with evidence showing improvement in function and pain. The patient has documented prior multiple PT sessions (at least 6 sessions) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions, how many cervical physical therapy sessions were completed or rationale as to why additional PT sessions are necessary. There is no documentation stating if the patient is performing home directed therapy with skills taught during PT sessions or why home directed therapy and exercise cannot be done. Documentation fails to support additional PT sessions; therefore, this request is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit thirty (30) day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (transcutaneous electrical nerve stimulation) may be recommended only if it meets criteria. Based on the medical records, the patient does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for pain except for physical therapy and pain medications. There is documented trial of 1st line medications for radiculopathy documented. TENS is recommended if use adjunctively with functional restoration program. However, in this case, there is no documentation program, no documented short and long term goal for the TENS, and no documentation of objective pain improvement with current use of TENS. The patient has reported subjective improvement only and current documentation does not support a successful one month trial of TENS. The patient does not meet the criteria for the recommended TENS unit. Therefore, this request is not medically necessary.