

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0007728 | | |
| Date Assigned: | 01/26/2015 | Date of Injury: | 02/06/2014 |
| Decision Date: | 03/17/2015 | UR Denial Date: | 12/08/2014 |
| Priority: | Standard | Application Received: | 01/13/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 37 year old male, who sustained an industrial injury on February 6, 2014, due to repetitive movements. He has reported discomfort in the lower and mid back. The diagnoses have included lumbosacral sprain/strain, lumbosacral myofascial strain, and bilateral lower extremity radicular symptoms. Treatment to date has included physical therapy, home exercise program, lumbar steroid epidural injections, and medications. Currently, the injured worker complains of low back pain, more persistent since stopping medications. The Primary Treating Physician's report dated November 17, 2014, noted the injured worker had no physical therapy since October 20, 2014, had stopped the medications on recommendation from the primary care physician for abnormal liver function, and was continuing to do the home exercise program. Paralumbar tenderness was noted, left greater than right. The Physician noted that as the injured worker could not take the medication was recommending physical therapy to help with low back symptoms and also was considering providing him with a TENS unit. On December 8, 2014, Utilization Review non-certified physical therapy two times a week for three weeks to the low back, and TENS unit for home use for the low back. The UR Physician noted there was no documentation of functional improvement from the previous physical therapy, and no documentation of the amount of previous physical therapy, therefore the request for physical therapy two times a week for three weeks to the low back was not medically necessary and non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there was no documentation of neuropathic pain, complex regional pain syndrome, spasticity, spinal cord injury, or multiple sclerosis, therefore the request for a TENS unit for

home use for the low back was not medically necessary and was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines. On January 13, 2015, the injured worker submitted an application for IMR for review of physical therapy two times a week for three weeks to the low back, and TENS unit for home use for the low back.

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 3 weeks to low back: 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.

Decision rationale: According to MTUS guidelines, Physical Medicine is "recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007."In this case, the patient has had a certain number of physical therapy sessions without documentation of clear benefit. Therefore, Physical Therapy 2 times a week for 3 weeks to low back is not medically necessary.

TENS unit for home use for low back: Upheld

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

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

Decision rationale: According to MTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. There is no recent documentation of recent flare of neuropathic pain. There is no strong evidence supporting the benefit of TENS for back, neck, shoulder and wrist disorders. Therefore, the prescription of TENS unit for home use for low back is not medically necessary.