MAXIMUS Federal Services

Case Number:	CM15-0108322		
Date Assigned:	06/15/2015	Date of Injury:	12/04/1997
Decision Date:	07/21/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/05/2015

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: California, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational 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 57-year-old female, who sustained an industrial injury on December 4, 1997. Treatment to date has included activity modifications, bracing, medications, physical therapy, X-rays, MRI and EMG/NCV. Currently, the injured worker complains of intractable neck pain and low back pain. She described her neck pain as constant and sharp. The neck pain radiates to the right upper extremity and shoulder and is described as hot burning pain. She has associated numbness and tingling in the left upper extremity with weakness to the bilateral hands. Her low back pain is intermittent and sharp in nature and radiates to the bilateral lower extremities. She reports that her lumbar support is helping and allows for partial pain relief. On physical examination, the injured worker has tenderness to palpation over the cervical and thoracic spine. Her range of motion is within normal limits but elicits pain. An MRI of the lumbar spine on January 13, 2015 revealed L5-S1 grade 2 isthmic spondylolisthesis with severe facet arthrosis and bilateral foraminal stenosis; and revealed L4-L5 asymmetric left lateral disc bulge and facet arthrosis with mild left foraminal stenosis. X-rays of the cervical spine on December 3, 2014 revealed a loss of lordosis suggestive of paraspinal spasms, disc space narrowing and C6-C7 mild anterior spondylosis. The diagnoses associated with the request include cervical radiculopathy, lumbar radiculopathy, lumbar herniated nucleus pulposus, and cubital tunnel syndrome. The treatment plan includes epidural steroid injection, and diagnostic testing to include MRI and EMG/NCV. A request was received for horizontal physical therapy for the neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Horizontal therapy x 5, neck and low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimultation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-119. Decision based on Non-MTUS Citation Clin Exp Rheumatol. 2006 Sep-Oct; 24(5): 534-9. Interferential and horizontal therapies in chronic low back pain: a randomized, double blind, clinical study. Zambito A1, Bianchini D, Gatti D, Viapiana O, Rossini M, Adami S.

Decision rationale: According to MTUS guidelines, "two recent randomized double-blind controlled trials suggested that ICS and horizontal therapy (HT) were effective in alleviating pain and disability in patients with chronic low back pain compared to placebo at 14 weeks, but not at 2 weeks." According to the Zambito study, "This randomized double-blind controlled study provides the first evidence that IFT and HT therapy are significantly effective in alleviating both pain and disability in patients with CLBP". From my review of the medical records, the injured worker continues to have chronic intractable nerve pain (both cervical and lumbar). Considering the scientific studies that indicate both functional and symptomatic improvement, the requested treatment is medically appropriate.