

Case Number:	CM15-0142824		
Date Assigned:	08/03/2015	Date of Injury:	08/28/2011
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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(n) 43 year old male, who sustained an industrial injury on 8-28-11. He reported pain in his lower back that radiates to the right leg. The injured worker was diagnosed as having lumbar disc displacement. Treatment to date has included physical therapy in 2012, a lumbar MRI in 2011 and work restrictions. On 1-15-13 the injured worker received an intramuscular injection for his low back pain. The treating physician did not prescribe any medications. As of the PR2 dated 6-16-15, the injured worker reports intermittent low back pain that is aggravated by bending, lifting, twisting, prolonged standing and walking multiple blocks. He rates his pain a 4 out of 10. Objective findings include restricted lumbar range of motion and palpable paravertebral muscle tenderness with spasms. The treating physician requested physical therapy with massage therapy x 8 sessions and a TENs unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Physical Therapy sessions with Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Passive Therapy, Massage/Myotherapy. Decision based on Non-MTUS Citation Official

Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99 of 127. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Physical Medicine.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.

1 TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing 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, function, and medication usage. Within the documentation available for review, there is no indication that the patient has undergone a successful one-month TENS unit trial as outlined above. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.