MAXIMUS Federal Services

Case Number:	CM15-0144335		
Date Assigned:	08/05/2015	Date of Injury:	01/21/2015
Decision Date:	09/03/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 39 year old female, who sustained an industrial injury on January 21, 2015. The injured worker reported slipping while pushing a cart causing injury to the lower back. The injured worker was diagnosed as having lumbar facet arthropathy and bilateral lumbar radiculitis with the left more than the right. Treatment and diagnostic studies to date has included physical therapy, medication regimen, x-ray, home exercise program, and magnetic resonance imaging of the lumbar spine. Documentation from the treating physiatrist dated May 27, 2015 noted that the injured worker had physical therapy of an unknown quantity along with no documentation of functional improvement. In a progress note dated July 08, 2015 the treating physician reports complaints of constant, dull pain to the low back. Examination reveals a positive lumbar facet stress test, decreased range of motion to the lumbar spine with pain, and tenderness with spasm to the bilateral lumbar paraspinal muscles from lumbar one to the sacrum. The injured worker's pain level was rated a 9 on a scale of 0 to 10. The treating physician requested physical therapy with use of transcutaneous electrical nerve stimulation to the lumbar spine two times a week for three weeks, but the documentation provided did not indicate the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) with transcutaneous electrical nerve stimulation (TENS) to the lumbar spine, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy, Pain section, TENS unit.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy with TENS to the lumbar spine two times per week times three weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". In this case, the injured worker's working diagnoses are lumbar facet arthropathy and bilateral lumbar radiculopathy, left greater than right. Date of injury is January 24, 2015. The request for authorization is July 9, 2015. According to the initial encounter dated May 27, 2015, the injured worker complains of back pain that radiates to the lower extremities bilaterally with numbness and tingling. The injured worker received physical therapy and is engaged in a home exercise program. The injured worker has not received acupuncture, chiropractic, injections or surgeries. Pain scale is 7/10. The most recent progress note of the medical records dated July 8, 2015. The worker has returned to work. Pain scale is 9/10 and the injured worker is reportedly starting physical therapy tomorrow. Objectively, there is no tenderness to palpation or spasm. There is decreased range of motion. There is no documentation in the medical record reflecting the total number of physical therapy sessions to date and objective functional improvements associated with prior physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Additionally, the guidelines (ACOEM) state there is no high-grade scientific evidence to support the effectiveness of TENS. Consequently, absent clinical documentation of prior physical therapy, total number of physical therapy sessions to date, documentation demonstrating objective functional improvement from prior physical therapy, physical therapy with TENS to the lumbar spine two times per week times three weeks is not medically necessary.