

Case Number:	CM15-0147913		
Date Assigned:	08/11/2015	Date of Injury:	09/07/2000
Decision Date:	09/08/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	07/30/2015

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: Connecticut, California, Virginia
 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 male, who sustained an industrial injury on 9-7-00. He has reported initial complaints of sudden sharp pain in the low back after lifting at work. The diagnoses have included backache, chronic low back pain, lumbar degenerative joint disease (DJD), lumbar radiculopathy and lumbar disc herniation. Treatment to date has included medication, activity modifications, diagnostics, physical therapy, lumbar epidural steroid injection (ESI), back brace, and home exercise program (HEP). Currently, as per the physician progress note dated 7-8-15, the injured worker complains of continued low back pain and the pain is rated 6 out of 10 on the pain scale with medications and 7 out of 10 without medications. He reports that the pain radiates to the bilateral lower extremities and that he has problems with sleeping due to pain. The objective findings reveal that the lumbar spine range of motion is restricted. There is hypertonicity, spasm and tenderness with palpation to the bilateral lumbar spine. The straight leg raise is positive bilaterally at 65 degrees and Faber test is also positive. The diagnostic testing included Magnetic Resonance Imaging (MRI) of the lumbar spine. There is no previous diagnostic reports noted in the records and there is no previous therapy sessions noted. The physician requested treatments included Physical Therapy, Lumbar Spine 6 sessions and transcutaneous electrical nerve stimulation (TENS) unit for Lumbar Spine quantity of 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy, Lumbar Spine, 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (acute & chronic)-Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement after completion of 6 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time, particularly reinforced by the recent MRI findings provided in the records. However, early re-evaluation for efficacy of treatment/functional improvement is critical. The guidelines indicate a time to produce effect of 4-6 treatments, which provides a reasonable timeline by which to reassess the patient and ensure that education, counseling, and evaluation for functional improvement occur. In this case, the request for a total of 6 visits to physical therapy is reasonable and considered medically appropriate.

TENS (transcutaneous electrical nerve stimulation) unit, for Lumbar Spine, Qty 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: With respect to chronic pain and according to the MTUS, 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, for conditions including: Complex regional pain syndrome, neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. The MTUS states that although electrotherapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. MTUS criteria for use include documentation of pain of at least three months duration and evidence of failure of other modalities in treating pain (including medications). In this case the patient has not been diagnosed with a condition where use of TENS has shown proven benefit, and a treatment plan outlining short and long term goals for TENS therapy has not been established per the provided records. Additionally, physical therapy has been requested as a means of conservative treatment. Therefore, at this time and based on the provided records, the request for TENS cannot be considered medically necessary.