

Case Number:	CM15-0168373		
Date Assigned:	09/09/2015	Date of Injury:	02/09/2015
Decision Date:	10/13/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/26/2015

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

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 54-year-old male, with a reported date of injury of 02-09-2015. The mechanism of injury was the result of tripping over a barrier while fueling an automobile. The injured worker's symptoms at the time of the injury included low back, left knee, and right arm pain. The diagnoses include lumbar sprain and strain, right shoulder sprain and strain, and left knee sprain and strain. Treatments and evaluation to date have included oral medications. The diagnostic studies to date have included a urine drug screen on 07-15-2015 with consistent results; an MRI of the lumbar spine on 03-20-2015 which showed mild degenerative disc and facet joint disease and disc bulging with hypertrophic changes of the facet joints. The progress report dated 07-17-2015 indicates that the injured worker complained of low back pain with radiation to the left leg and knee. The objective findings included decreased and painful lumbar range of motion; tenderness to palpation of the lumbar paravertebral muscles; muscle spasm of the lumbar paravertebral muscles; and pain on the left with straight leg raise test. The objective findings (06-12-2015) include decreased range of motion of the lumbar spine in all directions; increased pain and muscle spasms at L1-S1; positive Kemp's; positive left straight leg raise test; and decreased muscle strength in the left lower extremity; and decreased sensation along the left L5-S1. It was noted that the injured worker stated that his left knee pain was better, and the right arm pain was improving. The treatment plan included the request for six physical therapy sessions to reduce pain in the low back; six acupuncture therapy sessions to reduce pain (body part not specified); and a TENS (transcutaneous electrical nerve stimulation) unit for low back pain. The injured worker has been instructed to remain off work until 08-31-2015. The date of

the request for authorization was 07-17-2015. On 08-14-2015, the Utilization Review non-certified the request for physical therapy once a week for six weeks due to no evidence as to the type and nature of the treatment rendered to the injured worker to date; acupuncture once a week for six weeks due to an uncertain amount of treatment rendered prior to the request; and a TENS unit for low back pain due to no evidence of a treatment plan including the specific short- and long-term goals of treatment with the TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy once a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10 and left knee pain rated 7/10. The treater has asked for Physical Therapy once a week for six weeks on 7/17/15 "to reduce pain in low back." The request for authorization was not included in provided reports. The patient describes low back pain and left knee pain as constant, achy, and the back pain as throbbing per 7/17/15 report. The patient's back pain radiates intermittently and exacerbations happen frequently and daily that can last all day, with alleviation of pain while sitting per 3/3/15 report. The patient does not have a significant surgical history relating to the back or the knee per review of reports. The patient was prescribed Diclofenac, Orphenadrine, Pantoprazole, Tramadol, and Zolpidem per 7/17/15 report. The patient states that unspecified DME are helping with symptoms per 3/27/15 report. The patient's work status is modified duty per 3/27/15 report. MTUS, Physical Medicine section, pg. 98, 99: 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. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient had a tripping/falling injury in February of 2015, and the treater is requesting physical therapy for low back pain. In this case, the patient had 5 sessions of physical therapy between 2/21/15 and 3/13/15 without documentation of benefit per reports of the same date. However, MTUS only allows for 8-10 sessions in non-operative cases. In addition to the 5 prior sessions, which did not document benefit, the request for 6 additional sessions exceeds what guidelines recommend. Hence, the request IS NOT medically necessary.

Acupuncture once week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10 and left knee pain rated 7/10. The treater has asked for Acupuncture once week for six weeks on 7/17/15. The request for authorization was not included in provided reports. The patient describes low back pain and left knee pain as constant, achy, and the back pain as throbbing per 7/17/15 report. The patient's back pain radiates intermittently and exacerbations happen frequently and daily that can last all day, with alleviation of pain while sitting per 3/3/15 report. The patient does not have a significant surgical history relating to the back or the knee per review of reports. The patient was prescribed Diclofenac, Orphenadrine, Pantoprazole, Tramadol, and Zolpidem per 7/17/15 report. The patient states that unspecified DME are helping with symptoms per 3/27/15 report. The patient's work status is modified duty per 3/27/15 report. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments; (ii) Frequency: 1 to 3 times per week; (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The treater is requesting 6 sessions of acupuncture "to reduce pain" per requesting 7/17/15 report. Review of the reports do not show any evidence of acupuncture being done in the past. As this patient has not had prior acupuncture, MTUS supports a trial of 3-6 sessions. This request is reasonable and within MTUS guidelines. The request IS medically necessary.

TENS unit for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: Based on the 7/17/15 progress report provided by the treating physician, this patient presents with low back pain rated 7/10 and left knee pain rated 7/10. The treater has asked for TENS unit for low back pain on 7/17/15. The request for authorization was not included in provided reports. The patient describes low back pain and left knee pain as constant, achy, and the back pain as throbbing per 7/17/15 report. The patient's back pain radiates intermittently and exacerbations happen frequently and daily that can last all day, with alleviation of pain while sitting per 3/3/15 report. The patient does not have a significant surgical history relating to the back or the knee per review of reports. The patient was prescribed Diclofenac, Orphenadrine, Pantoprazole, Tramadol, and Zolpidem per 7/17/15 report. The patient states that unspecified DME are helping with symptoms per 3/27/15 report. The patient's work status is modified duty per 3/27/15 report. MTUS, Transcutaneous electrotherapy section, page 114-116, under Criteria for the use of TENS states: "A one-month trial period of the TENS

unit 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 and function." In this case, the provider is requesting a TENS unit for this patient's continuing low back pain. The request appears to be for a purchase, as the requesting 7/17/15 report states "for low back pain." However, there is no documentation of a 30-day trial prior to purchase. Utilization review letter dated 7/30/15 denies request due to lack of documentation of prior 1-month trial as well as failure of conservative measures. As there is no evidence of a successful 30 day trial performed previously, the request as written cannot be substantiated. Therefore, the request IS NOT medically necessary.