

Case Number:	CM15-0185301		
Date Assigned:	09/25/2015	Date of Injury:	12/24/2012
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51-year-old male who sustained an industrial injury on 12-24-12. A review of the medical records indicates he is undergoing treatment for displacement of lumbar vertebral disc and lumbago. Medical records (4-29-15 to 8-10-15) indicate ongoing complaints of low back pain. The 8-10-15 progress report states that the injured worker has had "increased" pain in his low back for the past two weeks. He rates the pain "8 out of 10". The physical exam reveals "no changes in progress". However, the treating provider indicates that the injured worker has decreased strength and loss of motion in the lumbar spine. The exam also reveals "global tenderness" in his lumbar spine with a "positive straight leg raising" test. Diagnostic studies have included EMG-NCV of bilateral lower extremities, x-rays of the cervical, thoracic, and lumbar spine, and an MRI of the lumbar spine. Treatment has included activity modification and an ultrasound guided injection into the lumbar spine, as well as oral and topical medications. The 8-10-15 progress report indicates that the injured worker may return to work with modified restrictions. However, if the above restrictions are not able to be accommodated, the injured worker will remain temporarily totally disabled. It is unclear if the injured worker is working. A request for authorization for 12 sessions of physical therapy "to maintain core strengthening and dynamic stabilization for the lumbar spine" and an interferential unit and supplies "to manage pain and reduce medication usage" was made. The utilization review (8-20-15) indicates denial of the requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) physical therapy sessions: 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): Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted records indicated the worker was experiencing pain in the mid- and lower back. There was no discussion describing the reason therapist-directed physical therapy would be expected to provide more benefit than a home exercise program at or near the time of the request. In the absence of such evidence, the current request for twelve physical therapy sessions for an unspecified issue and done at an unspecified frequency is not medically necessary.

One IF (Interferential) unit with supplies: 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: Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The submitted and reviewed documentation indicated the worker was experiencing mid- and lower back pain. There was no suggestion of having failed treatment with medications, intolerable negative side effects, or any other related issues. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the unspecified rent or purchase of an interferential unit with supplies is not medically necessary.