

Case Number:	CM15-0193201		
Date Assigned:	10/06/2015	Date of Injury:	07/29/2011
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/30/2015

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: California

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 51 year old male, who sustained an industrial injury on 7-29-11. The injured worker is being treated for cervical spine sprain-strain, lumbar spine sprain-strain, bilateral shoulder sprain-strain and bilateral knee sprain-strain. Treatment to date has included physical therapy, chiropractic treatment and activity modifications. On 8-14-15, the injured worker complains of frequent sharp base of neck pain with radiation to bilateral shoulders and associated with stiffness and sleep interruption; frequent sharp stabbing, pins and needles pressure type of pain across lower back at waist level with radiation to both buttocks, frequent sharp bilateral shoulder pain with radiation to the neck associated with sleep interruption, sharp bilateral knee pain, frequent sharp right lower leg pain associated with numbness, tingling, weakness and sleep disturbance and frequent sharp left lower leg pain associated with numbness, tingling, stiffness and sleep interruption. Work status is noted to be temporarily totally disabled. Physical exam performed on 8-14-15 revealed normal posture and gait, tenderness to palpation of cervical spine over bilateral paracervical musculature, tenderness to palpation over bilateral paraspinal muscles, tenderness over the posterior shoulder joints and tenderness over lateral bilateral knee joints. A request for authorization was submitted on 8-14-15 for chiropractic evaluation, home exercise program, patient education class (2 classes) and interferential unit for home use. On 9-8-15 request for home exercise program, patient education class (2 classes) and interferential unit for home use was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Education class (2 sessions) for back education: Upheld

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

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

Decision rationale: Per the MTUS guidelines, physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The injured worker's injury occurred over 4 years ago and he has participated in many physical therapy sessions where it was educated on back exercises. At this point he should be able to continue with a home-based, self-directed exercise program, therefore, the request for education class (2 sessions) for back education is not medically necessary.

Home exercise program instruction (1 session): Upheld

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

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

Decision rationale: Per MTUS guidelines, physical medicine sessions are intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. In this case, the injured worker's work injury occurred over 4 years ago and he has participated in many sessions of physical therapy. At this point he should be able to continue with a home-based, self-directed exercise program, therefore, the request for home exercise program instruction (1 session) is not medically necessary.

IF 4 unit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Electrical stimulators (E-stim).

Decision rationale: The MTUS Guidelines do not recommend an interferential stimulator as an isolated treatment, however it may be useful for a subset of individuals that have not had success with pain medications. The evidence that an interferential stimulator is effective is not well supported in the literature, and studies that show benefit from use of the interferential stimulator

are not well designed to clearly demonstrate cause and effect. The guidelines support the use of an interferential stimulator for a one-month trial to determine if this treatment modality leads to increased functional improvement, less reported pain and medication reduction. The request is not for a one-month trial however, and the unit is not recommended for use without the trial and document evidence of benefit. Additionally, there is no evidence that the injured worker is intolerant to oral pain medications; therefore, the request for IF 4 unit purchase is not medically necessary.