

Case Number:	CM15-0197061		
Date Assigned:	11/04/2015	Date of Injury:	05/02/2014
Decision Date:	12/15/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old male, who sustained an industrial-work injury on 5-2-14. A review of the medical records indicates that the injured worker is undergoing treatment for cervical strain and sprain with radiculitis rule out cervical discogenic disease, thoracic strain and sprain and lumbar disc extrusion with spinal stenosis status post lumbar surgery 11-18-14. Treatment to date has included pain medication, physical therapy at least 12 sessions, aqua therapy, diagnostics, off of work, activity modifications and other modalities. Magnetic resonance imaging (MRI) of the lumbar spine dated 6-19-14 reveals large posterior disc extrusion, severe central canal stenosis and bilateral neural foraminal narrowing. There is disc desiccation, moderate disc and loss, endplate degenerative changes and anterior disc osteophyte complex. Medical records dated 8-14-15 indicate that the injured worker complains of pain in the neck, mid upper back and lower back rated 8 out of 10 on the pain scale and it has remained unchanged from previous visits. Per the treating physician report dated 8-14-15 the work status is temporary total disability. The physical exam reveals tenderness over the cervical spine grade 3, restricted range of motion and cervical compression test is positive. There is grade 3 tenderness over the thoracic spine muscles and restricted range of motion. There is grade 3 tenderness to palpation over the lumbar paraspinal muscles, restricted lumbar range of motion and positive straight leg raise bilaterally. The injured worker reports that treatments help and physical therapy helps to decrease the pain and tenderness. There is no documentation of previous use of trial of transcutaneous electrical nerve stimulation (TENS) noted. The requested services included one prime dual electrical stimulator (TENS-EMS) and Physical therapy x8 sessions for the cervical, thoracic and lumbar spine. The original Utilization review dated 9-9-15 non-certified the request for one prime dual electrical stimulator (TENS-EMS) and Physical therapy x8 sessions for the cervical, thoracic and lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prime dual electrical stimulator (TENS-EMS): 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: The claimant sustained a work injury in May 2014 when, while moving a large barrel off a pallet, he had neck and mid and lower back pain. He was found to have a large posterior disc extrusion and underwent a lumbar decompression in November 2014. In January 2015 he was having vague symptoms into his legs. Authorization was requested for an additional 12 physical therapy treatments. In June 2015 he had completed 12 treatments and an additional eight treatment sessions were requested. In August 2015 physical therapy was helping to decrease pain and tenderness. There was a pending follow-up with his spine surgeon. He was having pain throughout the spine rated at 8/10 which had remained the same since the previous visit. Physical examination findings included tenderness which was unchanged. He had restricted range of motion. Straight leg raising was positive bilaterally. Recommendations included another eight physical therapy treatment sessions. Motrin and Menthoderm gel were prescribed. A dual electrical stimulator was provided. Use of a neuromuscular electrical stimulation (NMES) device is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. In terms of TENS, a one-month home-based trial may be considered as a non-invasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a basic TENS unit. A dual TENS-EMS unit is not medically necessary for either a trial or for indefinite use.

Physical therapy x8 sessions for the cervical, thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The claimant sustained a work injury in May 2014 when, while moving a large barrel off a pallet, he had neck and mid and lower back pain. He was found to have a large posterior disc extrusion and underwent a lumbar decompression in November 2014. In January 2015 he was having vague symptoms into his legs. Authorization was requested for an additional 12 physical therapy treatments. In June 2015 he had completed 12 treatments and an additional eight treatment sessions were requested. In August 2015 physical therapy was helping to decrease pain and tenderness. There was a pending follow-up with his spine surgeon. He was having pain throughout the spine rated at 8/10 which had remained the same since the previous visit. Physical examination findings included tenderness which was unchanged. He had restricted range of motion. Straight leg raising was positive bilaterally. Recommendations included another eight physical therapy treatment sessions. Motrin and Menthoderm gel were

prescribed. A dual electrical stimulator was provided. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 6 months. In this case, the claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. The number of additional visits requested is in excess of that recommended or what might be needed to finalize the claimant's home exercise program. It does not reflect a fading of skilled treatments. The request is not medically necessary.