

Case Number:	CM15-0199886		
Date Assigned:	10/15/2015	Date of Injury:	03/21/2014
Decision Date:	12/01/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/12/2015

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: Anesthesiology, 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 53 year old female, who sustained an industrial injury on 3-21-14. The injured worker is diagnosed with lumbar disc herniation with bilateral lower extremity radiculopathy. Her work status is temporary total disability. Notes dated 7-30-15, 8-21-15 and 8-28-15 reveals the injured worker presented with complaints constant low back pain that radiates into her lower extremities bilaterally accompanied with numbness and tingling from her buttocks to her thigh and toes rated at 5-8 out of 10. She reports the lower extremity pain (left greater than right) is progressively worsening and she is experiencing difficulty with ambulation. She reports numbness in her feet bilaterally resulting in a high fall risk because of this; she utilizes a quad cane and wheelchair. A physical examination dated 8-28-15 revealed tenderness to palpation of the "bilateral posterior lumbar musculature with increased muscle rigidity", numerous trigger points are palpable and tenderness throughout the "lumbar paraspinals" muscles is noted. There is decreased lumbar range of motion (flexion 45, extension 15, left lateral bend 20 and right lateral bend 20) with muscle guarding, and more pain with extension or facet loading. A physical therapy evaluation dated 7-30-15 states the injured worker "would benefit from therapy to improve trunk range of motion, muscular flexibility and strengthening program to stabilize back and bilateral lower extremities that can help improve muscular efficiency during activities of daily living". Treatment to date has included lumbar epidural injections with 50% benefit including improved mobility and activity tolerance lasting for 6 weeks per note dated 8-28-15, quad cane, medications, home exercise program-stretching exercises provides minimal benefit per note dated 8-21-15, physical therapy, trigger point

injections resulted in 50% relief in pain and increased range of motion and psychological evaluation. Diagnostic studies to date has included a lumbar MRI revealed 3.8 mm disc herniation at L4-L5, electrodiagnostic studies (2014), bilateral hip x-rays (2014). A request for authorization dated 8-21-15 for flare-up physical therapy 2 times a week for 3 weeks for the lumbar spine and H-wave use for the lumbar spine is denied, per Utilization Review letter dated 9-11-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flare-up physical therapy, twice weekly for 3 weeks, for the 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 Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the injured worker) 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. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Injured worker-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of injured workers with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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. According to the documents available for review, the injured worker has previously undergone numerous session of PT without objective documented functional improvement. Further sessions of PT would be

in contrast to the guidelines as set forth in the MTUS. Therefore, at this time, the requirements for treatment have not been met; therefore, the request is not medically necessary.

H-wave use for the lumbar spine: Upheld

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

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

Decision rationale: 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 the conditions described below: a home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II, CRPS I, neuropathic pain, phantom limb pain, spasticity, multiple sclerosis. According to the documents available for review, injured worker has none of the MTUS / recommended indications for the use of a TENS unit. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established. Therefore, the request is not medically necessary.