

Case Number:	CM15-0028094		
Date Assigned:	02/20/2015	Date of Injury:	05/12/2005
Decision Date:	03/31/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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 47 year old male, who sustained an industrial injury on 05/12/2005. He has reported subsequent low back pain and was diagnosed with lumbar degenerative disc disease, right lumbosacral strain, right lumbosacral radiculopathy and myofascial pain. Treatment to date has included oral and topical pain medication, home exercise program and epidural injection. It's unclear as to whether the injured worker had received previous physical therapy or TENS unit treatment. In a progress note dated 01/22/2015, the injured worker complained of continued low back pain. Objective physical examination findings were notable for stiffness of the lumbar spine. A request for authorization of physical therapy of the neck and low back and TENS unit was made. On 01/27/2015, Utilization Review non-certified a request for physical therapy of the neck and low back 1 x week x 6 weeks and TENS unit for rental (2 months) or purchase, noting that there were no quantified functional deficits noted. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck and low back, once a week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy for the neck and low back, once a week for six weeks is not medically necessary and appropriate.

TENS Unit rental for two months or purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in conjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, physical therapy, activity modifications/rest, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, functional improvement from trial treatment, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from any TENS treatment already rendered for purchase. The TENS Unit rental for two months or purchase is not medically necessary and appropriate.

