

Case Number:	CM15-0028122		
Date Assigned:	02/20/2015	Date of Injury:	07/11/2012
Decision Date:	04/14/2015	UR Denial Date:	02/10/2015
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: Pennsylvania, Ohio, 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 58-year-old male, who sustained an industrial injury on July 11, 2012. He has reported neck pain and back pain. The diagnoses have included cervical spine strain/sprain, lumbar spine strain/sprain, cervical spine radiculopathy, lumbar spine radiculopathy, and lumbar spine spondylosis. Treatment to date has included medications, transcutaneous electrical nerve stimulation unit, home exercise, radiofrequency lumbar facet neurotomy, epidural steroid injection, chiropractic care, and imaging studies. A progress note dated January 26, 2015 indicates a chief complaint of lower back pain, weakness, spasms and stiffness. Physical examination showed lumbar spine spasms, tenderness, and decreased range of motion. The treating physician is requesting a new transcutaneous electrical nerve stimulation unit and physical therapy twice each week for six weeks. On February 10, 2015, Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 17, 2015, the injured worker submitted an application for IMR for review of a transcutaneous electrical nerve stimulation unit and physical therapy twice each week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114.

Decision rationale: MTUS recommends a 1-month TENS trial as part of an overall functional restoration program for a neuropathic pain diagnosis. The records indicate that this patient has previously used a TENS unit which requires replacement. The records do not clearly document functional benefit from the prior TENS unit to support an indication for continued use at this time. This request is not medically necessary.

12 sessions of Physical Therapy to lumbar spine 2x for 6 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.