

Case Number:	CM15-0221444		
Date Assigned:	11/17/2015	Date of Injury:	05/16/2015
Decision Date:	12/30/2015	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/10/2015

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 31 year old female, who sustained an industrial injury on 5-16-2015. The medical records indicate that the injured worker is undergoing treatment for intervertebral disc displacement of the lumbar spine. According to the progress report dated 10-26-2015, the injured worker presented for a follow-up examination of her thoraco-lumbar spine. She complains of constant, dull pain with intense spasms that worsen at night. On a subjective pain scale, she rates her pain 3 out of 10. The physical examination of the lumbar spine was not indicated. The current medications are Advil. Previous diagnostic studies include x-rays and MRI of the lumbar spine. Treatments to date include medication management, physical therapy, bracing, and epidural steroid injection. The records refer to a prior course of physical therapy but do not provide specific dates or results. Work status is described as modified duty (sedentary work only). The original utilization review (11-4-2015) had non-certified a request for interferential unit and supplies for 60 days rental and purchase and 12 physical therapy sessions to the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 X 4 for lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in May 2015 when she slipped on a floor landing on her buttocks. She continues to be treated for low back pain. Treatments included medications and in July 2015 she underwent a lumbar transforaminal epidural injection. When seen in October 2015 she had pain rated at 3/10. She was having constant symptoms relieved with Advil. She denied radiculopathy. Authorization for beginning physical therapy had been approved but she wanted to change to a facility closer to her home. Authorization was requested for 12 sessions of physical therapy and for up to a 60 day rental of an interferential unit with purchase if effective. Urine drug screening was performed. Ambien was prescribed. In terms of physical therapy for back pain, guidelines recommend up to 9 treatment sessions over 8 weeks. In this case, the number of initial visits requested is in excess of that recommended or what might be needed to determine whether continued physical therapy was necessary or likely to be effective. The request is not medically necessary.

IF unit and supplies for 60 days rental and purchase: 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 2015 when she slipped on a floor landing on her buttocks. She continues to be treated for low back pain. Treatments included medications and in July 2015 she underwent a lumbar transforaminal epidural injection. When seen in October 2015 she had pain rated at 3/10. She was having constant symptoms relieved with Advil. She denied radiculopathy. Authorization for beginning physical therapy had been approved but she wanted to change to a facility closer to her home. Authorization was requested for 12 sessions of physical therapy and for up to a 60 day rental of an interferential unit with purchase if effective. Urine drug screening was performed. Ambien was prescribed. A one month trial of use of an interferential stimulator is an option when conservative treatments fail to control pain adequately. Criteria for continued use of an interferential stimulation unit include evidence of increased functional improvement, less reported pain and evidence of medication reduction during a one month trial. If there was benefit, then purchase of a unit would be considered. In this case, there is no evidence of failure of conservative treatments such as physical therapy. Rental of a unit for more than one month is not cost effective and not necessary to determine its efficacy. The request is not medically necessary.