

Case Number:	CM15-0042079		
Date Assigned:	03/12/2015	Date of Injury:	08/25/2014
Decision Date:	04/22/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/05/2015

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, Hawaii
 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 29 year old female, who sustained an industrial injury on August 25, 2014. The injured worker had reported low back pain. The diagnoses have included acute lumbar strain and right lower extremity radicular pain. Treatment to date has included medications, radiological studies and physical therapy. Current documentation dated January 29, 2015 notes that the injured worker complained of intermittent low back pain rated a four out of ten on the Visual Analogue Scale. Examination of the lumbar spine revealed a decreased range of motion, a positive Kemp's test on the right and a positive straight leg raise with radiation of pain into the lateral thigh. The treating physician's recommended plan of care included physical therapy to the lumbar spine two times a week for six weeks and a trial of a transcutaneous electrical nerve stimulation unit for thirty days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy to the lumbar spine, twice a week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Physical Therapy.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for Physical Therapy to the lumbar spine, twice a week for six weeks. The treating physician report dated 2/27/15 (7B) states, "Based on the pathology and symptomology, I would like to request an additional physical therapy two times a week for six week(s) to the lumbar spine to transition to home exercise program. As per MTUS Guidelines, I believe that the patient is entitled for at least 24 physical therapy sessions based on her pathology. I believe that she has only done 12". MTUS supports physical medicine (physical therapy and occupational therapy) 8-10 sessions for myalgia and neuritis type conditions. The MTUS guidelines only provide a total of 8-10 sessions and the patient is expected to then continue on with a home exercise program. The medical reports provided do not show that the patient has had any recent surgeries of the low back. In this case, the patient has received 12 visits of physical therapy to date and the current request for an additional 12 visits exceeds the recommendation of 8-10 visits as outlined by the MTUS guidelines on page 99. Furthermore, 12 sessions of physical therapy should have allowed the patient to establish a home exercise program. Recommendation is not medically necessary.

TENS unit, 30 day trial for lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

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

Decision rationale: The patient presents with pain affecting the low back. The current request is for TENS unit, 30 day trial for lumbar spine. The treating physician report dated 1/29/15 (17B) states, "Today, I would also request authorization for 30-day trial of TENS unit to aid her transition with home exercise program in order to further improve her function and allow her to continue working with fewer restrictions". The report goes on to state, "(The patient) does continue with significant neuropathic pain". Per MTUS guidelines, TENS units have no proven efficacy in treating chronic pain and are not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, or Multiple Sclerosis. MTUS also quotes a recent meta-analysis of electrical nerve stimulation for chronic musculoskeletal pain, but concludes that the design of the study had questionable methodology and the results require further evaluation before application to specific clinical practice. Medical reports provided, do not show that the patient has received a previous 30-day TENS unit trial. In this case, the patient presents with right lower extremity radicular pain. The current request satisfies the MTUS guidelines for a 30-day trial as the patient presents with significant neuropathic pain. Furthermore, the physician is requesting the TENS unit to be used in conjunction with a home exercise program and medication regimen. Recommendation is medically necessary.

