

Case Number:	CM15-0084927		
Date Assigned:	05/07/2015	Date of Injury:	10/09/2012
Decision Date:	06/08/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/04/2015

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: Emergency Medicine

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 (IW) is a 52 year old female who sustained an industrial injury on 10/09/2012. She reported right sacroiliac, sacral, lumbar, and left sacroiliac pain. She rates her pain as a 6/10 and present all the time. The discomfort at its worst is rated a "9" and at its best a "4". The IW also complains of numbness and tingling at the right anterior wrist, right anterior hand, and right anterior forearm pain that is noticed 100% of the time. She is also experiencing severe flare up of the lumbar spine. The injured worker was diagnosed as having cervical spine strain, and lumbar spine strain with lumbar radiculopathy. Treatment to date has included physical therapy with improvement. Current medications include Tylenol #3, Motrin 600 mg, and Flexeril. Tests include electromyography /nerve conduction studies of the bilateral lower extremities that documented mild, left-sided acute chronic L5-S1 radiculopathy. The treatment plan includes use of an interferential stimulator, ultrasound, diathermy; Mettler's Release Technique (MRT) Mobilization; Low level lase; and passive stretch. Lumbar spine physiotherapy is requested for 3x2 weeks, and Lumbar spine physiotherapy 3x2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine physiotherapy 3x2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was not documented) was completed and had reported subjective improvement and questionable objective improvement. The provider has documents claim of improvement from prior sessions with claim of inability to walk prior to PT but details of this improvement only vaguely stated. There is no documentation of how many physical therapy sessions were completed or appropriate rationale as to why additional PT sessions are necessary. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Additional 6 physical therapy sessions are not medically necessary.

Interferential stimulator home unit initial trial 60 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: As per MTUS Chronic pain guidelines, Interferential Current Stimulation is not recommended as isolated modality. There is very little evidence to show it is superior to standard Transcutaneous Electrical Nerve Stimulation (TENS). The documentation does not meet guideline criteria for recommendation. There is no documentation of failure of standard therapy or poor pain control on medication. ICS is not medically necessary