

Case Number:	CM14-0004058		
Date Assigned:	01/31/2014	Date of Injury:	08/13/2008
Decision Date:	08/15/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records reviewed indicate a 54 year old female who reported an injury on 8/13/08 due to cumulative work related injuries to her right hand. The injured worker underwent back surgery in February of 2012. Clinical note dated 12/16/13 states the injured worker's pain improved but had gotten worse after a car accident on 5/17/12. After the car accident back pain became worse, 6/10 on the visual analog scale. Clinical note dated 11/25/13 states the injured worker has attended physical therapy twice a week. Dates were not listed. It is noted that the injured worker is able to work 32 hours a week with physical therapy and medication regimen. Activities of daily living at home are limited. MRI dated 11/13/13 showed adjacent disc pathology at L2-3, a 4 millimeter right paracentral protrusion causing moderate to severe foraminal stenosis, and facet arthropathy was noted. Diagnoses include L3-4 and L4-5 spondylolisthesis that is unstable, status post fusion at L3-4, L4-5 anterior and posterior, extreme lumbar interbody fusion (XLIF) and posterior fusion, and radiculopathy with neuropathic pain to the right extremity with no acute changes. Clinical note dated 12/16/13 states that an electromyograph (EMG) of the lower back showed chronic L5-S1 nerve change consistent with neuropathic pain likely as a result to the industrial injury. On this visit, the spine specialist recommended physical therapy and transcutaneous electrical nerve stimulation (TENS) unit as opposed to another surgery. Medications include Lyrica, Nabumetone, Cymbalta, Norco, Prilosec, and Trazodone. Treatment up to 1/13/14 has included anti-inflammatory medications, muscle relaxants, physical therapy, epidural steroid injections, last injection in 2011, and extreme lateral interbody fusion. The previous UR decision denied twelve physical therapy visits and one TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Outpatient physical therapy.

Decision rationale: As per CA MTUS Guidelines, physical medicine is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, there is no documentation of any significant improvement in the pain level or function. Furthermore, the request for twelve additional physical therapy sessions exceeds the guideline recommendations. Furthermore, this injured worker should be well-versed in an independently applied home exercise program, with which to address residual complaints, and maintain functional levels. In the absence of details regarding the patient's prior treatment, presentation of an acute or new injury, with significant findings on examination, the medical necessity for twelve sessions of physical therapy has not been established in accordance with the guidelines.

Tens unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-117.

Decision rationale: According to the CA MTUS Guidelines, transcutaneous electrical nerve stimulation (TENS) for chronic pain, is recommended as a one-month home-based TENS trial which may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions such as: Neuropathic pain, Phantom limb pain, Spasticity, and Multiple sclerosis. There is no documented neuropathic pain diagnosis to establish the need for the TENS unit. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, therefore the request is not medically necessary.