

Case Number:	CM14-0126486		
Date Assigned:	09/16/2014	Date of Injury:	09/18/2009
Decision Date:	10/16/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/09/2014

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:

This is a 58-year-old male with a September 18, 2009 date of injury, who sustained an injury to the low back, neck and left shoulder while he was sideswiped during a motor vehicle accident. The patient underwent L5-S1 microlumbar decompression on January 21, 2013. The progress note dated 5/27/14 indicated that the patient was using a TENS unit and will continue to utilize it as needed. The patient was seen on June 26, 2014 with complaints of 4-8/10 ongoing pain in the spine, shoulders and extremities. Exam findings of the thoracolumbar spine revealed tenderness to palpation about the lumbar spine with healed midline incision and paraspinal spasm. The range of motion was: flexion 0-50 degrees, extension 0-20 degrees and left and right lateral bending 0-20 degrees. The sensation was decreased in the bilateral L4-L5 distribution, the motor exam was 5-/5 in all muscle groups in the bilateral lower extremities and the deep tendon reflexes was 2+ and symmetric bilaterally. The patient stated that he was using topical cream that was helping him. The diagnosis is facet arthropathy of the lumbar spine, lumbar radiculopathy, status post lumbar decompression. Treatment to date: work restrictions, acupuncture, medications, ESI, chiropractic treatment. An adverse determination was received on July 17, 2014. The request for TENS unit was denied due to a lack of documentation indicating pain relief, improvement in activities of daily living or reduction in work restrictions from the previous use of the TENS unit. The request for Post op physical therapy lumbar spine was denied given that the patient was not in the post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

A transcutaneous electrical nerve stimulation (TENS) unit supplies including batteries, leads and pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 115, Postsurgical Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS UNIT Page(s): 114-116.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. The progress note dated 5/27/14 indicated that the patient was using a TENS unit and would continue to utilize it as needed. However, there is a lack of documentation regarding the patient's treatment history with the TENS unit and there is no documentation with regards to the subjective and objective functional gains from the treatment. In addition, it is not clear for how long the patient was using the TENS unit, how many times a day and if he had any improvements in his pain level. Therefore, the request for TENS unit supplies including batteries, leads and pads is not medically necessary or appropriate.

Post-operative physical therapy for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Postsurgical Treatment Guidelines.

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that "Postsurgical physical medicine period" means the time frame that is needed for postsurgical treatment and rehabilitation services beginning with the date of the procedure and ending at the time specified for the specific surgery in the postsurgical physical medicine treatment. The postsurgical physical medicine period is six (6) months. The patient underwent surgery on January 21, 2013 and should have concluded postoperative PT at this juncture. Therefore, the request for post-op physical therapy for the lumbar spine is not medically necessary or appropriate.