

Case Number:	CM14-0127956		
Date Assigned:	09/23/2014	Date of Injury:	04/01/2013
Decision Date:	10/27/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/11/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 patient is a 32-year-old male with a date of injury of 04/01/2013. The listed diagnoses per [REDACTED] are lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis, cervical musculoligamentous sprain/strain and sleep loss, defer to appropriate specialist. The medical file provided for review includes one Doctor's First Report from 07/07/2014 by [REDACTED]. According to this initial report, the patient presents with neck, back and shoulder pain. The patient states low back pain radiates to the bilateral lower extremity. Examination of the cervical spine revealed tenderness to palpation with associated slight muscle spasm and guarding over the paraspinal musculature. Examination of the lumbar spine revealed tenderness to palpation with associated slight muscle spasm and guarding over the paraspinal musculature and lumbosacral juncture. Straight leg raising test is negative. Sensation to pinprick and light touch is decreased in the bilateral lower extremities along the L4 and L5 dermatomes. The request is for 8 physical therapy sessions for the lumbar and cervical spine, and an interferential unit. Utilization review denied the request on 07/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 x Physical therapy cervical and lumbar spine.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms, 9 to 10 sessions.

Decision rationale: This patient presents with low back and neck pain. The physician is requesting 8 physical therapy sessions for the cervical and lumbar spine. Utilization review modified the certification from the requested 8 sessions to 2 sessions to address residual issues. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms, 9 to 10 sessions over 8 weeks. In this case, the medical file provided for review only includes one report from 07/07/2014. Physical therapy treatment history is unknown. Utilization review states "2 visits are medically necessary to address residual issues, transition, and compliance assessment with a prescribed and self-administered protocol." In this case, there is no indication the patient has received physical therapy in the recent past as there is no discussion of treatment history. Given the patient's continued pain with decreased range of motion, a course of 8 sessions for the cervical spine and lumbar spine is reasonable. Therefore the request is medically necessary.

Interferential unit.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Guidelines page 118 to 120 states interferential current stimulation Page(s): 118-120.

Decision rationale: This patient presents with neck and low back pain. The physician is requesting an interferential unit. The MTUS Guidelines page 118-120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, there is no indication that the patient has had a successful one-month home trial of the IF unit. The patient does not meet the criteria for IF unit either. Therefore the request is not medically necessary.