

Case Number:	CM14-0145184		
Date Assigned:	09/12/2014	Date of Injury:	09/04/2012
Decision Date:	11/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 41 year old female with an injury date of 09/04/12. Based on the 07/30/14 progress report provided by [REDACTED], the patient complains of low back pain rated 8/10 that radiates down the legs. Physical examination to the lumbar spine revealed tenderness to palpation of the lumbar paravertebral muscles and decreased range of motion, especially on extension 10 degrees. Treater recommends physical therapy for the lumbar spine including home based restorative self-directed treatments, lumbosacral stretching, core strengthening, alternating ice and heat, and TENS unit for 12 sessions 3 per week for 4 weeks. Patient had 7 sessions of physical therapy to the right knee following her injury, and denies receiving therapy to the low back. Diagnosis 07/30/14- lumbar facet syndrome, bilateral L5-S1- clinical evidence of lumbar radiculopathy without evidence of lumbar disk herniations- torn medial meniscus, right knee status post arthroscopic repair December 2012- degenerative joint disease, left knee with improvement- bilateral ankle pain with improvement- intermittent abdominal pain consistent with intermittent medication related gastroenteritis primarily due to use of anti-inflammatory medications- obesity consistent with lack of exercise following work related injury- insomnia related to chronic pain syndrome- depression and anxiety related to chronic pain syndrome The utilization review determination being challenged is dated 08/14/14. The rationale follows: 1) Physical Therapy 3 x 4 lumbar spine: "no rationale given." 2) TENS (transcutaneous electrical nerve stimulation) unit; "patient has not undergone a 30 day trial of TENS..." [REDACTED] is the requesting provider, and he provided treatment reports from 03/03/14 - 07/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: The patient presents with low back pain rated 8/10 that radiates down the legs. The request is for Physical Therapy 3 x 4 lumbar spine. Her diagnosis dated 07/30/14 includes bilateral L5-S1 lumbar facet syndrome and lumbar radiculopathy. Patient had 7 sessions of physical therapy to the right knee following her injury, and denies receiving therapy to the low back. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. The treating physician recommends physical therapy for the lumbar spine including home based restorative self-directed treatments, lumbosacral stretching, core strengthening, alternating ice and heat, and TENS unit for 12 sessions 3 per week for 4 weeks. However, the request for 12 visits exceeds what is allowed by MTUS. The request is not medically necessary and appropriate.

TENS (transcutaneous electrical nerve stimulation) unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 116.

Decision rationale: The patient presents with low back pain rated 8/10 that radiates down the legs. The request is for TENS (transcutaneous electrical nerve stimulation) unit. Treating physician recommends physical therapy for the lumbar spine including home based restorative self-directed treatments, lumbosacral stretching, core strengthening, alternating ice and heat, and TENS unit for 12 sessions 3 per week for 4 weeks. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." Patient diagnosis dated 07/30/14 includes bilateral L5-S1 lumbar facet syndrome and lumbar radiculopathy. In review of medical records, there is no documentation that she has trialed a TENS. The current request is for TENS unit, presumably for home use or perhaps use during therapy. The treating physician does not specify. While a 30 day home rental use is reasonable, TENS unit request as it stands is not consistent with MTUS. The request is not medically necessary and appropriate.

