

Case Number:	CM14-0146638		
Date Assigned:	09/12/2014	Date of Injury:	04/14/1986
Decision Date:	10/14/2014	UR Denial Date:	08/13/2014
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 Occupational Medicine 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 65-year-old female with a 4/14/86 date of injury. A specific mechanism of injury was not described. According to a progress report dated 6/18/14, the patient continued to complain of more back pain than leg pain. She needs to use a walker to walk and family has to help with home chores. She has tried the TENS unit, but it doesn't have the ability to change the settings, it helped only 35%. She had been approved physical therapy sessions, but she was not notified so she did not have any recent therapy. Objective findings: knee pain and crepitation, antalgic gait and hunched over, decreased sensation on outside of feet, pain to palpation of lower back and deep in the sacral notch on the right. Diagnostic impression: low back pain, facet and degenerative disc disease, degenerative spondylolysis of right L5 on S1. Treatment to date: medication management, activity modification, TENS unit. A UR decision dated 8/13/14 denied the request for physical therapy and TENS unit and modified the request for home assessment for helping/keeping home up to 1 visit. Regarding physical therapy, the provider notes that the claimant has not had any physical therapy. However, the claimant's prior conservative measures attempted are not outlined. Given the 28-year-history of the lumbar symptoms, and without documentation of any exacerbation, medical necessity is not evident. Regarding home assessment, considering that the claimant is unable to perform activities of daily living and is currently home bound, recommendation is for partial certification of home assessment x1. Regarding TENS unit, the documentation states that the claimant has been treated with TENS unit without 35 percent improvement noted. However, these improvements are not detailed. Without measurable objective gains, such as decreased medication intake and increased activities of daily living, medical necessity is not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

IN-HOME PHYSICAL THERAPY (LUMBAR) 1X 6 WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical Medicine Guidelines - Allow for fading of treatment frequency. This patient has a 1986 date of injury, over 28 years old, and has likely had prior physical therapy. However, the number of completed sessions to date is not known. Guidelines support up to 10 visits over 8 weeks for lumbar sprains and strains. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is noted in the records reviewed that six physical therapy sessions were certified in a 2/4/14 UR decision. It is unclear if the patient has completed these sessions and why she would require additional sessions at this time if she has not yet completed the authorized sessions. Furthermore, it is unclear why the patient is not participating in an independent home exercise program. Therefore, the request for In-Home Physical Therapy (Lumbar) 1 x 6 weeks was not medically necessary.

**HOME ASSESSMENT FOR HELPING / KEEPING HOME UP (LUMBAR) X 6HR/DAY
DURATION NOT SPECIFIED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 51.

Decision rationale: CA MTUS states that home health services are recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. There is no documentation that the home services requested are for medical treatment. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Therefore, the request for Home Assessment For Helping/Keeping Home Up (Lumbar) x 6hr/day **Duration not specified was not medically necessary.

TENS UNIT DUAL CHANNEL & SUPPLIES (RENTAL OR PURCHASE): Upheld

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

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

Decision rationale: CA MTUS 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 patient is noted to have previously used a TENS unit with benefit. However, the specific subjective and functional improvements directly related to the use of TENS unit are not clearly outlined. There is no documentation of the use of a TENS unit in physical therapy, medication management, or instruction and compliance with an independent program. There is no documentation of decreased medication use as a result of using the TENS unit. Therefore, the request for TENS unit dual channel and supplies (rental or purchase) was not medically necessary.