

Case Number:	CM14-0163789		
Date Assigned:	10/08/2014	Date of Injury:	08/01/2013
Decision Date:	11/07/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/06/2014

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:

Patient is a 50-year-old female with date of injury 08/01/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/23/2014, lists subjective complaints as upper extremity pain in left shoulder and constant low back pain with radicular symptoms down both legs. Objective findings: Lumbar spine: Tenderness to palpation in the right paravertebral area at L1-S1 levels, in the right buttock, and of the right SI joint. No spasm was noted. Range of motion was decreased in all planes due to pain. Facet signs were absent. Sensory exam showed decreased strength of the extensor muscles along the L4-5 dermatome in the right lower extremity. Straight leg raising test was negative bilaterally. Upper extremity examination revealed tenderness to palpation of the left rotator cuff, left anterior shoulder, and left hand. Range of motion of the left shoulder was decreased due to pain. Bilateral elbows were non-tender with full range of motion. Diagnosis: 1. chronic pain, other 2. Lumbar radiculopathy 3. Left ankle pain 4. Right knee pain 5. Left shoulder pain 6. Left ring finger sprain. Patient has completed 8 sessions of physical therapy and reported improved pain control and functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for Lumbar Spine; Two (2) Times a Week for Four (4) Weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26, Page(s): Pages 58-60v.

Decision rationale: Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. There is no documentation of objective functional improvement. Physical Therapy for Lumbar Spine; Two (2) Times a Week for Four (4) Weeks is not medically necessary.

TENS Unit for Lumbar Spine Thirty (30) Day Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain, (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment 9792.20 - 9792.26 Page(s): Page 68.

Decision rationale: The MTUS does not recommend a TENS unit as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. There is no documentation that a trial period with a rented TENS unit has been completed. The patient had previously been authorized for a 30 day trial of a TENS unit, but there is no documentation of the completion of that trial period. TENS Unit for Lumbar Spine Thirty (30) Day Trial is not medically necessary.