

Case Number:	CM14-0099825		
Date Assigned:	07/28/2014	Date of Injury:	11/01/2013
Decision Date:	10/08/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	06/30/2014

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 23-year-old male with an 11/01/13 date of injury; the mechanism of the injury was not described. The patient underwent L4-L5 discectomy/laminotomy with decompression on 4/01/14. The patient was seen on 6/19/14 for the follow-up visit. The patient stated that he had some sensation of cramping and burning at his back and lower extremities and that his pain was improving. The patient's right leg was getting worse with weakness and episodes of giving away. The note stated that the patient exhausted all conservative care and that he had significant improvement after the surgery. Exam findings revealed improved gait and the range of motion of the lumbar spine with flexion, extension and left and right lateral bending 40 % of normal. The motor strength was 5/5 in bilateral lower extremities, straight leg raising test and FABER test were negative bilaterally and the sensation was intact in the bilateral lower extremities. The patient was advised to exercise at home and the request for epidural steroid injections was noted. The diagnosis is status post lumbar laminotomy and residual back and leg pain. MRI of the lumbar spine (undated, the radiology report was not available for the review) revealed a 6mm by 12mm disc protrusion causing severe canal and foraminal narrowing. Treatment to date: physical therapy, chiropractic treatments, medications and work restrictions. An adverse determination was received on 6/27/14. The request for Water therapy 2 times 6 lumbar spine was denied given that the patient had PT and chiropractic treatment in the past and it was a lack of documentation with subjective or objective benefit from the treatments. In addition, it was not clear if the patient was unable to tolerate land-based therapy or a land-based home exercise program. The request for Transcutaneous electrical nerve stimulation (TENS) unit 3-4 months rental, 3-4 times/day for 30-45 minutes to lumbar spine was denied given that the patient did not meet criteria for this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water therapy 2 times 6 lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The progress report dated 6/19/14 indicated that the patient underwent PT and chiropractic treatment in the past and that he was advised to exercise at home. There is a lack of documentation indicating that the patient cannot tolerate gravity-based therapy. In addition, there is no clear rationale with regards to the necessity for aquatic therapy for the patient. Therefore, the request for Water therapy 2 times 6 lumbar spine was not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit 3-4 months rental, 3-4 times/day for 30-45 minutes to lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. The progress note dated 6/19/14 stated that the patient exhausted all conservative care and that he had significant improvement after the surgery. However, the physical examination did not indicate that the patient suffered from intractable pain. In addition, there is no clear rationale with regards to the treatment plan and specific goals with the use of a TENS unit. Therefore, the request for Transcutaneous electrical nerve stimulation (TENS) unit 3-4 months rental, 3-4 times/day for 30-45 minutes to lumbar spine was not medically necessary.

