MAXIMUS Federal Services

Case Number:	CM14-0109673		
Date Assigned:	08/01/2014	Date of Injury:	01/23/2002
Decision Date:	06/29/2015	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 57 year old male patient who sustained an industrial injury on 01/23/2002 The accident is described as while working normal duty as a carpenter/exterminator moving a heavy piece of equipment walking backwards and tripped-fell with the rack he was carrying falling on top of him twisting resulting in acute onset of low back pain. The injury was reported he was seen, underwent radiography study, received medication, and was off from work for two weeks. There after he was prescribed to return to a modified work duty, but employer had no availability and the patient continued working regular duty through 09/27/2002. He then stopped working for that employer and got another job doing similar type work but lighter lifting duty October 2002 through June 2003 when he stopped working secondary to back pain. The patient does have history of being involved in an automobile accident 1995-96 with a right shoulder injury which had suit and settlement and he states having some intermittent residual pain. The patient has even tried cortisone injections, and physical therapy without noted benefit. A visit dated 10/01/2003 reported the patient with chief complaint of having pain in lower back. Objective findings showed the pain complained of pain with range of motion to the back. A straight leg raising maneuver caused pain at 7 degrees bilaterally to the low back. A sensory examination showed he had slight stocking hypesthesia of bilateral lower extremities that followed no particular root or dermatome distribution. Radiographic study reviewed showed a magnetic resonance imaging study with significant disc protrusion at T12, L1, and mild disc bulge with mild stenosis at L3-4. The impression found the patient with a history of 6-7mm disc herniation at T12-L1; a 2.5mm disc protrusion at L3-4 with mild bilateral nerve root canal stenosis. The plan of care noted to involve: permanently temporary disabled on 01/13/2003 and precluded from heavy work. A primary treating office visit dated 08/26/2008 reported the patient with subjective chief complaint of with constant

lower back pain radiating into bilateral buttocks and constantly radiating into left lower leg; constant right shoulder pain radiating intermittently into right upper extremity, and intermittent neck pains after having had an industrial injury. In addition, he is with current complaint of headaches and having difficulty sleeping. Prior surgical intervention showed a lumbar spine procedure in April 2004, and left thumb surgery in 1998. Current medications consist of: Glipizide, Metformin, Metoprolol, and Elanapril. Objective assessment found the patient with gait guarded with mild left sided limping and left side favoring gait. The back inspection showed a surgical scar from L1-3. There was bilateral paravertebral muscle tenderness, along with bilateral lumbar facet tenderness and left sacroiliac tenderness. The right shoulder also was with tenderness to palpation over anterior lateral aspect. The impression noted: possible lumbar discogenic; possible lumbar strain/sprain; possible left sacroiliac joint pain; persistent lower back pain status post surgery and status post work injury, and right shoulder pain with impingement. The plan of care noted the patient continue with medications and topical cream. A primary treating office visit dated 05/22/2014 had requests for physiotherapy session, acupuncture sessions, pain management, and orthopedic follow up, along with the use of a transcutaneous nerve stimulator unit. He was with subjective complaint of sharp frequent to constant left shoulder, low back, bilateral knee pain. The low back pain radiates with shooting pain into the legs accompanied by cramps and parasthesia's. In addition he complained of having right eye vision problems. The treating diagnoses are: lumbar spine intervertebral disc stenosis; left shoulder rotator cuff tear and bilateral internal derangement knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physiotherapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Lumbar & thoracic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 Physiotherapy

Sessions is not medically necessary and appropriate.

1 TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, 300, Chronic Pain Treatment Guidelines TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

Decision rationale: Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. There is no evidence for change in functional status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the treatment already rendered. The 1 TENS Unit is not medically necessary and appropriate.

1 Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196, Chronic Pain Treatment Guidelines Page(s): 56.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: This patient sustained a low back injury in January 2002 and continues to treat for chronic pain. Symptoms are stable without any new trauma and that he is tolerating conservative treatments without escalation of medication use or clinically red-flag findings on examination. There is no change or report of acute flare. If a patient fails to functionally improve as expected with treatment, the patient's condition should be reassessed by consultation in order to identify incorrect or missed diagnoses; however, this is not the case; the patient remains stable with continued chronic pain symptoms on same unchanged medication profile and medical necessity for pain management consultation has not been established. There are no clinical findings or treatment plan suggestive for any interventional pain procedure. The 1 Pain Management Consultation is not medically necessary and appropriate.