

Case Number:	CM14-0193420		
Date Assigned:	12/01/2014	Date of Injury:	09/28/2013
Decision Date:	01/16/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, 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:

This patient is a 30 year old female with a date of injury of 9/28/13. Per treating physician report from 9/26/14, the patient presents with mid and low back pain as well as bilateral thigh pain. She reports spasms in the lower back with radiation up into the left blade. She denies numbness and tingling. Objective findings noted "this patient is note in acute distress. Lumbar flexion to 45 degrees and extension to 20 degrees. Report 8/28/14 indicates that the patient returned the TENS unit because "she needs a stronger TENS unit." Examination on this date revealed tenderness along the adductor musculature along the left pubic bone. Tenderness along the lumbar spine was noted. The listed diagnoses are: 1. Discogenic thoracic disease2. Discogenic lumbar condition with facet inflammation and left sided radiculopathy3. Abdominal pain4. Elements of depression, stress and insomnia5. Weight gain of 18 pounds related to inactivity. Treatment plan is for physical therapy, continue home exercise to maintain range of motion, tens unit 4-lead and refill of medications. The Utilization review denied the request on 11/3/14. Treatment reports from 3/18/14 through 9/26/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 12 Sessions of mid and lower back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: This patient presents with mid and low back pain as well as bilateral thigh pain. The current request is for PHYSICAL THERAPY 12 SESSIONS OF MIED AND LOWER BACK. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The medical records refer to a prior course of physical therapy, but do not provide specific dates of service or the objective response to therapy. The Utilization review states that the patient has participated in "extensive PT/chiro." On 9/26/14, the treating physician requested 12 physical therapy sessions and concurrently recommended that the patient continue with the home exercise program. In this case, there is no rationale provided to indicate why the patient would not be able to continue the home exercise program. In addition, there is no report of new injury, new surgery or new diagnosis that could substantiate the current request for additional therapy. This request is not medically necessary.

Four-lead TENS unit purchase: Upheld

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

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

Decision rationale: This patient presents with mid and low back pain as well as bilateral thigh pain. The current request is for FOUR-LEAD TENS UNIT PURCHASE. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, the patient presents with some radicular symptoms and a TENS unit trial may be indicated, but the treater has requested a purchase of the TENS and MTUS states that a 30-day home trial is recommended and only with documentation of functional improvement, additional usage may be indicated. The requested TENS unit purchase is not medical necessary.