

Case Number:	CM14-0212976		
Date Assigned:	12/30/2014	Date of Injury:	10/07/2013
Decision Date:	02/28/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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: Preventive Medicine, Occupational Medicine

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 female with date of injury 10/7/2013. Per primary treating physician's progress note dated 11/10/2014, the injured worker complains of low back and neck pain. She reports that pain management counseling is going well and her mood has improved. Following acupuncture she has stopped having radiating pain down the left side and her sitting tolerances have improved. She stated that her strength and ability to increase her standing tolerances occurred following aquatherapy. She is also able to perform dishes and laundry. No physical examination is reported. Diagnoses include 1) lumbar spondylosis 2) chronic pain syndrome 3) myofascial pain syndrome 4) lumbar facet syndrome 5) metal in left ear 6) hearing loss 7) falls 8) muscles spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit Trial for 30 days to Lumbar Spine: Upheld

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

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

Decision rationale: The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, 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 a treatment plan including specific short and long term goals of treatment. The injured worker does not meet the medical conditions that are listed by the MTUS Guidelines where a TENS unit may be beneficial. The injured worker is reported to have myofascial pain, lumbar spondylosis and lumbar facet syndrome. She is reported to have significant pain reduction and functional improvement following therapy and acupuncture treatments. She rates her improvements of function and pain relief at 70%. The request for TENS Unit Trial for 30 days to Lumbar Spine is determined to not be medically necessary.

Aquatic Exercises Independent 3 times a week for 6 months for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, and Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy section, Physical Medicine section. Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. The injured worker has had aquatic therapy with significant benefit. This request is for an extended independent program. While the injured worker probably needs a continued home exercise program, or self-directed therapy program for continued rehabilitation and health maintenance, this request does not meet medical necessity. A self-directed program is not medical treatment, which is monitored by therapists or medical professionals. Therapist guided therapy prepares the patient for self-directed exercise. The request for Aquatic Exercises Independent 3 times a week for 6 months for Lumbar Spine is determined to not be medically necessary.

