

Case Number:	CM15-0010612		
Date Assigned:	01/28/2015	Date of Injury:	06/10/2011
Decision Date:	03/23/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/20/2015

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 52 year old male, who sustained an industrial injury on 6/10/2011. The diagnoses have included protrusion 4mm at L4-5 and 3mm at L5-S1 with radiculopathy, lumbar spondylosis and reactive depression and anxiety. Treatment to date has included medications, TENS unit and activity modification. Currently, the Injured Worker complains of low back pain rated as a 6/10 with bilateral lower extremity symptoms. Objective findings included tenderness to the lumbar spine with decreased range of motion. Lower extremity neurologic examination reveals positive straight leg raise. On 1/13/2015, Utilization Review modified a request for physical therapy for the lumbar spine noting that there is not documentation of a home exercise program prior to physical therapy and non-certified TENS supplies noting that the clinical findings do not support the medical necessity of the treatment. There is no documentation of functional benefit. No citations were provided. On 1/20/2015, the injured worker submitted an application for IMR for review of physical therapy for the lumbar spine and TENS supplies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 to the lumbar spine: Overturned

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 Physical medicine Page(s): 98-99.

Decision rationale: This patient presents low back pain with bilateral lower extremity symptoms. The current request is for PHYSICAL THERAPY X6 TO THE LUMBAR SPINE. The Utilization review modified the certification from the requested 6 sessions to 3 sessions for the purpose of review, instruction and advancement in his home exercise program. For physical medicine the MTUS guidelines page 98 and 99 recommends for myalgia, myositis and neuritis type symptoms 9 to 10 sessions over eight weeks. There are no physical therapy reports provided for review. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports. There is no documentation of any recent formalized physical therapy and progress reports continually note that the patient has been deconditioned due to lack of movement. In this case, a short course of 6 PT sessions to address the patient's deconditioning IS medically necessary.

TENS supplies: 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 Criteria for Tens Page(s): 114-116.

Decision rationale: This patient presents low back pain with bilateral lower extremity symptoms. The current request is for TENS SUPPLIES. 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 considered for 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. Progress reports from 1/24/14 through 12/10/14 states continue TENS. On 1/2/15, the treating physician requested supplies for the TENS unit and stated that the patient does use TENS 5 days per week. In this case, the patient has been utilizing a TENS unit since at least 1/24/14 and there is no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. This patient does not meet the criteria for extended use; therefore, the requested TENS unit supplies IS NOT medically necessary.