

Case Number:	CM15-0010930		
Date Assigned:	01/28/2015	Date of Injury:	07/26/2009
Decision Date:	03/18/2015	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: Emergency 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 48 year old female, who sustained an industrial injury on 7/26/2009. On 1/20/15, the injured worker submitted an application for IMR for review of 8 sessions of pool therapy, and TENS Unit. The treating provider has reported the injured worker complained of upper and lower back pain. The diagnoses have included status post compression fracture T12, chronic thoracic pain, upper lumbar pain, chronic bilateral lower extremity radicular symptoms, migraine headaches. Last report available until 12/8/14. Patient complains of upper and lower back pains. Patient has finished pool therapy and has "some improvement". Pt also has never had a trial of TENS but only has documented use while at chiropractor and pool therapy. Objective exam reveals limited range of motion of neck and back. There is low thoracic tenderness. Treatment to date has included acupuncture, physical therapy, aqua therapy, TENS unit, medication refills. Diagnostics are reported as CT scan thoracic, lumbar and pelvic (7/26/09, x-rays thoracolumbar (10/5/09), CT thoracic and lumbar (10/20/09), cervical and lumbar x-rays (12/3/09), thoracolumbar and lumbar x-rays (3/4/10). On 1/12/15 Utilization Review non-certified 8 sessions of pool therapy, and TENS Unit. The MTUS, Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of pool therapy: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines, Aquatic Therapy may be recommended as an optional form of exercise and/or physical therapy where pt is not able to tolerate land based therapy. It may have some additional benefits in patients with fibromyalgia which is likely due to exercise. There is no documentation as to why the pt cannot tolerate land based therapy since midback compression fracture is healed/healing. There is no noted failure of standard physical therapy or a home based exercise therapy. MTUS guidelines also do not recommend more than 10 sessions for the requested injury. There is no documentation as to why additional sessions are needed and why self directed exercise and physical therapy cannot be done by patient based on skills learned during sessions. The documentation of "improvement" also does not meet objective improvement documentation requirement as per guidelines. Aquatic therapy is not medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: As per MTUS Chronic pain guidelines, TENS (Transcutaneous Electrical Nerve Stimulation) may be recommended only if it meets criteria. Evidence for its efficacy is poor. Pt does not meet criteria to recommend TENS. There is no proper documentation of prior conservative treatment modalities for pain except for physical therapy and pain medications. TENS is recommended if used in conjunction with functional restoration program but in this case, there is no documentation program. There is no documented short and long term goal for the TENS. Patient does not have any documented 1 month trial of TENS. Pt has had office based TENS which is not considered a valid successful trial. TENS is not medically necessary.