

Case Number:	CM15-0116505		
Date Assigned:	06/24/2015	Date of Injury:	01/08/2010
Decision Date:	07/23/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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, Pain Management

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 54 year old female with an industrial injury dated 01/08/2010. The mechanism of injury is documented as moving boxes ranging from 15 to 65 pounds causing low back pain. Her diagnoses included status post posterior lumbar interbody fusion 10/08/2014, status post left knee arthroscopic surgery with ACL reconstruction 09/27/2012, thoracic spine strain/sprain, anxiety and depression; insomnia and symptoms of gastritis. Prior treatment included anti-inflammatory medication, physical therapy 12 sessions, chiropractic adjustments (increased pain), referral to a spine specialist, epidural injection (slight temporary benefit), facet injections and status post lumbar 4- lumbar 5 interbody fusion with instrumentation and decompression. She presents on 05/04/2015 status post posterior lumbar interbody fusion 10/08/2014. Incision was healed and there was no drainage. She had developed wound infection post-surgery requiring admission to the hospital and treatment with intravenous antibiotics. She still had some pain and discomfort in the lumbar spine. Objective findings include negative straight leg raise and tender healed scar without evidence of infection. MRI of the thoracic spine dated 09/01/2010 showed multiple disc desiccation, otherwise unremarkable. MRI of the lumbar spine done on 09/01/2010 showed disc bulge at lumbar 2-3 that mildly impresses on thecal sac, disc bulge at lumbar 3-4 and disc bulge at lumbar 5-sacral 1. The formal reports are in the submitted records. The treatment request is for aquatic/pool therapy to the lumbar spine and continue with TENS unit for pain relief. She continues with Prilosec, Zantac and Motrin. She remains temporarily and totally disabled from work. The treatment request is for aquatic/pool therapy 1-2 times a week for 6 weeks and durable medical equipment - TENS unit for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME; TENS unit for pain relief: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, CRPS, phantom limb pain, spasticity, and MS. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial and a condition for which TENS is supported. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Aquatic/pool therapy 1-2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99 of 127.

Decision rationale: Regarding the request for aquatic therapy, Chronic Pain Treatment Guidelines state that aquatic therapy (up to 10 sessions) is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Within the documentation available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. Finally, there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. In the absence of clarity regarding those issues, the currently requested aquatic therapy is not medically necessary.