

Case Number:	CM15-0117545		
Date Assigned:	06/25/2015	Date of Injury:	07/21/2011
Decision Date:	07/31/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/17/2015

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, Hawaii
 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:

This 69 year old male sustained an industrial injury to the low back on 7/21/11. Recent treatment consisted of medication management and home exercise. No recent magnetic resonance imaging was available for review. In a follow up report dated 1/13/15, the injured worker reported good benefit from the medication as provided but stated that he was experiencing early awakening due to pain and an inability to get back to sleep. The injured worker was initiated on Lunesta. In the most recent documentation submitted for review, a follow up report dated 2/10/15, the injured worker reported better results from Lunesta. Physical exam continued to show spasm, tenderness and guarding in the paraspinal musculature of the lumbar spine with loss of range of motion and decreased sensation in the right S1 distribution. Current diagnosis was lumbosacral radiculopathy. The treatment plan included refiling medications, continuing home exercise and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 4 weeks for low back: Upheld

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

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

Decision rationale: The patient has chronic low back pain along with decreased sensation in the right lower extremity. The current request is Physical Therapy 3 times a week for 4 weeks for low back. There are no available records from the treating physician, which relate to the request for physical therapy. According to the utilization review records, the patient has received prior physical therapy related to this injury. MTUS allows 8-10 sessions of physical therapy for myalgia and neuritis type conditions. The current request for three times a week for 4 weeks, a total of 12 sessions exceeds what MTUS allows for this type of condition. The request also lacks rationale for treatments such as a new injury/exacerbation, decline in function, change in diagnosis or surgery to clinically understand the need for additional therapy. Furthermore, there is no explanation as to why the patient is not able to transition into a home exercise program at this juncture. The records made available for this review do not support medical necessity at this time. The request is not medically necessary.

DME: Interferential unit and supplies 30-60 days rental and purchase: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous electrical nerve stimulation) Page(s): 114-116.

Decision rationale: The patient has chronic low back pain along with decreased sensation in the right lower extremity. The current request is for DME: Interferential Unit and supplies 30-60 days rental and purchase. There are no available records for review from the treating physician, which relate to the request for durable medical equipment. The CA MTUS do recommend TENS for neuropathic conditions including diabetic neuropathy and post-herpetic neuralgia. The criteria for uses should include a 1-month trial period with documentation of pain relief and improved function. In this case, there is no documentation of an in-office trial of TENS with documentation of decreased pain or increased function. The current request for 30-60 days rental and purchase is not supported by MTUS. While there may be support by MTUS for a 30-day trial. This request is for a trial and purchase without any documentation of a successful trial. The current request is not medically necessary.