

Case Number:	CM15-0118291		
Date Assigned:	06/26/2015	Date of Injury:	09/07/2000
Decision Date:	07/27/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/18/2015

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: Massachusetts

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 57-year-old male who reported an industrial injury on 9/7/2000. His diagnoses, and/or impressions, are noted to include backache; and lumbar disc herniation with radiculopathy. No current imaging studies are noted. His treatments are noted to include physical therapy; a home exercise program; medication management for which is mostly deferred by the injured worker; and rest from work. The progress notes of 6/3/2015 reported a moderately severe, lower backache with increased activity level; and poor quality of sleep. Objective findings were noted to include painful and restricted range-of-motion of the lumbar spine, with tenderness, spasms and hyper-tonicity of the para-vertebral muscles, and positive bilateral straight leg raise and FABER's test; and decreased sensation over the bilateral medial feet. The physician's requests for treatments were noted to include physical therapy for the low back, and a trans-cutaneous electrical nerve stimulation unit to address pain complaints and to avoid medication escalation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for low back Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines -TWC Low Back Procedure Summary online version.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for low back pain. When seen, he was having difficulty sleeping. His activity level had increased. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and spasms. Straight leg raising and Fabere testing were positive. There was decreased lower extremity sensation. The claimant is being treated for chronic pain. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what would be needed to determine whether additional therapy was likely to be beneficial. The request was is not medically necessary.

TENS Unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Neuromuscular electrical stimulation (NMES devices), p121 (2) Transcutaneous electrotherapy, Page(s): 114, 121.

Decision rationale: The claimant has a remote history of a work injury occurring in September 2000 and continues to be treated for low back pain. When seen, he was having difficulty sleeping. His activity level had increased. There was decreased and painful lumbar spine range of motion with paraspinal muscle tenderness and spasms. Straight leg raising and Fabere testing were positive. There was decreased lower extremity sensation. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit was not medically necessary.