

Case Number:	CM15-0170790		
Date Assigned:	09/18/2015	Date of Injury:	04/13/2015
Decision Date:	10/20/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	08/31/2015

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 55 year old male, who sustained an industrial injury on 4-13-15. The injured worker is undergoing treatment for cervical strain, lumbar strain and lumbar herniated nucleus pulposus (HNP). Medical records dated 7-20-15 indicate the injured worker complains of neck and back pain and spasms. The physician notes, "the pain is slightly worse." The injured worker rates the pain 7 out of 10 without medication and 3 out of 10 with medication. Physical exam dated 7-20-15 notes "mildly antalgic gait, normal reflex, sensory and power testing of bilateral upper and lower extremities," cervical and lumbar tenderness to palpation, paraspinal spasm and decreased cervical and lumbar range of motion (ROM). Treatment to date has included physical therapy, lab work and medication. Exam dated 7-20-15 indicates magnetic resonance imaging (MRI) on 2-18-15 reveals lumbar degenerative disc disease (DDD) and herniated nucleus pulposus (HNP). The original utilization review dated 8-26-15 indicates the request for physical therapy 2X4 to the cervical and lumbar and interferential stim unit is non-certified noting lack of documentation as to why the claimant is not able to continue with rehabilitation on a home exercise program (HEP) basis and "there is no quality evidence of effectiveness except in conjunction with recommended treatments."

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 x 4 to the cervical and lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Neck and Upper Back (Acute & Chronic), physical therapy (2) Low Back - Lumbar & Thoracic (Acute & Chronic), physical therapy.

Decision rationale: The claimant sustained a work injury in April 2015 with a strain of the neck and back after a rear end motor vehicle accident. He was seen for physical therapy on 05/24/15. Therapy was planned two times per week for four weeks. He was seen by the requesting provider on 08/17/15. He had completed physical therapy treatments which had helped. He was working without restrictions. Physical examination findings included a mildly antalgic gait. There was decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. An additional eight physical therapy treatment sessions were requested. The assessment references obtaining an interferential stimulation unit in lieu of the physical therapy. In terms of physical therapy for a cervical or lumbar strain, guidelines recommend up to 10 treatment sessions over 8 weeks and the claimant has already had physical therapy. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of additional visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.

Interferential stim unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The claimant sustained a work injury in April 2015 with a strain of the neck and back after a rear end motor vehicle accident. He was seen for physical therapy on 05/24/15. Therapy was planned two times per week for four weeks. He was seen by the requesting provider on 08/17/15. He had completed physical therapy treatments which had helped. He was working without restrictions. Physical examination findings included a mildly antalgic gait. There was decreased cervical and lumbar spine range of motion with tenderness and muscle spasms. An additional eight physical therapy treatment sessions were requested. The assessment references obtaining an interferential stimulation unit in lieu of the physical therapy. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use of an interferential stimulation unit should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not undergone a trial of interferential stimulation and there is no evidence of failure of conservative treatments. Providing a unit for indefinite use is not medically necessary.