MAXIMUS Federal Services

Case Number:	CM15-0175939		
Date Assigned:	09/17/2015	Date of Injury:	08/30/1999
Decision Date:	10/27/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/08/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 30, 1999. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve requests for 4-lead TENS unit, an additional 10 sessions of physical therapy, and baclofen. The applicant's attorney subsequently appealed. On a September 8, 2015 progress note, the applicant reported 5/10 low back, mid back, left thumb, and bilateral leg pain. The applicant was off of work, on total temporary disability, it was acknowledged. The applicant was on Nexium, Lyrica, metformin, guanfacine, Vicodin, aspirin, Advair, Astepro nasal spray, testosterone, and Lexapro, it was acknowledged in one section of the note. In another section of the note, the attending provider acknowledged that the applicant would continue to self-procure baclofen. Multiple medications were continued, renewed, and/or appealed, including Lyrica and baclofen. A TENS unit and 10 sessions of physical therapy were endorsed while the applicant was placed off of work, on total temporary disability. The note was difficult to follow as it mingled historical issues with current issues. On August 7, 2015, the applicant was described as having completed 16 recent physical therapy treatments. The claimant had ongoing complaints of low back and thumb pain, it was reported. Ten additional sessions of physical therapy, Lyrica, baclofen, and a TENS unit were endorsed. Work restrictions were given on this date. The treating provider suggested that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit with 4 lead purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: No, the request for a 4-lead TENS unit purchase was not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of a favorable outcome during an earlier 1-month trial of the same, with evidence of beneficial outcomes present in terms of both pain relief and function. Here, however, the TENS unit in question was seemingly endorsed on a purchase basis without the applicant's having undergone a previously successful 1-month trial of the same. Page 116 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that a 2-lead TENS unit is generally recommended and that an attending provider should furnish documentations as to why a 4-lead TENS unit is needed. Here, the attending provider failed to furnish a rationale for provision of a 4-lead TENS unit in favor of the more conventional 2-lead TENS unit endorsed on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Additional physical therapy for 10 sessions to the low back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: Similarly, the request for 10 additional sessions of physical therapy for the low back was likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, on September 8, 2015, despite receipt of 16 prior sessions of physical therapy in 2015, suggested on a progress note dated August 7, 2015. The applicant's issues were seemingly trending unfavorably. The applicant was apparently working with restrictions in place as of August 7, 2015 and was subsequently placed off of work, on total temporary disability, on September 7, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications to include Lyrica, baclofen, Vicodin, etc. All of the foregoing, taken together, suggested a lack of

functional improvement as defined in MTUS 9792.20e, despite receipt of prior physical therapy in excess of MTUS parameters. Therefore, the request for an additional 10 sessions of physical therapy was not medically necessary.

Baclofen 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Muscle relaxants (for pain).

Decision rationale: Finally, the request for baclofen, an antispasmodic medication, was not medically necessary, medically appropriate, or indicated here. While page 64 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that baclofen is recommended orally for the treatment of spasticity and muscle spasm associated with multiple sclerosis and/or spinal cord injuries but can be employed for unlabeled use for neuropathic pain, as was seemingly present here, this recommendation is, however, qualified by commentary made on page 60 of MTUS Chronic Pain Medical Treatment Guidelines to the effect that the analgesic effects of a particular medication should show effects within 1-3 days and by commentary made on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that muscle relaxants should be employed with caution as a second-line option for short-term treatment of acute exacerbations of chronic low back pain. Here, the first-time request for baclofen 10 mg #90, thus, represented treatment in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, and also represented initiation of treatment with a new medication well in excess of the 1-3 days deemed necessary for analgesic medications to produce effect, per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.