

Case Number:	CM15-0024413		
Date Assigned:	02/13/2015	Date of Injury:	10/01/2014
Decision Date:	04/01/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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 26 year old male, who sustained an industrial injury on 10/1/14. He has reported back pain. The diagnoses have included thoracic spine pain, lumbago, sprain/strain lumbar region, lumbar pain and sprain/strain thoracic region. Treatment to date has included physical therapy, back brace and oral pain medications. Currently, the injured worker complains of constant, severe, sharp throbbing low back pain with stiffness, heaviness, tingling with muscle spasms. On 12/8/14 it is noted physical therapy helps to minimally increase range of motion and decrease spasm. On physical exam tenderness is noted to palpation of lumbar paravertebral muscles and there is muscle spasm of the lumbar paravertebral muscles. On 1/28/15 Utilization Review non-certified physical therapy 1 time per week for 4 weeks of lumbar spine, noting no documented functional benefits from previous conservative therapies; home TENS unit purchase, noting there is no evidence the claimant has exhausted all appropriate pain modalities and conservative measures to address the ongoing symptoms of pain, deficits and functional limitations and consult with PM&R(physical medicine and rehab specialist), noting the medical necessity is not established. The MTUS, ACOEM Guidelines and ODG were cited. On 2/9/15, the injured worker submitted an application for IMR for review of physical therapy 1 time per week for 4 weeks of lumbar spine, home TENS unit purchase and consult with PM&R (physical medicine and rehab specialist).

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) Physical Therapy sessions for Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary Last updated 01/14/2015, Physical therapy.

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

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend up to 10 sessions with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy is not medically necessary.

Home TENS unit purchase: Upheld

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

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

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. 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 TENS unit trial with improvement as noted above. In the absence of such documentation, the currently requested TENS unit is not medically necessary.

Consult with PM&R specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Last updated 01/19/2015, Evaluation & Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: Regarding the request for consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the provider did not identify a clear rationale for specialty consultation with PM&R and there is no clear indication for this request present in the available records. In light of the above issues, the currently requested consultation is not medically necessary.