MAXIMUS Federal Services

Case Number:	CM15-0072204		
Date Assigned:	04/22/2015	Date of Injury:	09/27/2014
Decision Date:	05/22/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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

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 45-year-old female with an industrial injury dated September 27, 2014. The injured worker diagnoses include lumbar spine sprain/strain and right sciatica. She has been treated with diagnostic studies, prescribed medications, acupuncture, physical therapy and periodic follow up visits. According to the progress note dated 3/26/2015, the injured worker reported constant lumbar spine pain rated an 8-9/10 with increased low back pain with prolonged sitting. The injured worker also reported brief improvement with relaxation from acupuncture and improved strength with physical therapy. Objective findings revealed antalgic gait with stiffness. The treating physician prescribed services of durable medical equipment one month home based trial of neurostimulator transcutaneous electrical nerve stimulation electro-myography for the lower back, acupuncture and physical therapy two times a week for six weeks for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment one month home based trial of Neurostimulator TENS-EMS for the lower back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nuromuscular electrical stimulator NMES devices Page(s): 116-121.

Decision rationale: This patient presents with pain and weakness in her lower back and lower extremity. The request is for DURABLE MEDICAL EQUIPMENT ONE MONTH HOME BASED TRIAL OF NEUROSTIMULATOR TENS-EMS. MRI of the lumbar spine from 12/01/14 shows 3mm disc herniation at L4-5. X-ray of the lumbar spine from 09/27/14 demonstrates L4-5 grade 1 anterolisthesis. Work statue is unknown. Per MTUS guidelines page 121, Neuromuscular electrical stimulator NMES devices is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home based trial may be consider for a specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, while a 1-month home based trial of TENS unit may be appropriate, this unit is a dual machine. The electrical muscle stimulator or NMES is not indicated for chronic pain condition per MTUS. Therefore, the request IS NOT medically necessary.

Acupuncture two times a week for six weeks for the lumbar spine, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. Acupuncture Medical Treatment Guidelines Page(s): 13.

Decision rationale: This patient presents with pain and weakness in her lower back and lower extremity. The request is for 12 SESSIONS OF ACUPUNCTURE FOR THE LUMBAR SPINE. MRI of the lumbar spine from 12/01/14 shows 3mm disc herniation at L4-5. X-ray of the lumbar spine from 09/27/14 demonstrates L4-5 grade 1 anterolisthesis. The patient has had 6 sessions of acupuncture, 12 sessions of physical therapy and chiropractic treatment. Work statue is unknown. MTUS guidelines page 13 refers Section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. MTUS allow 3-6 sessions of acupuncture treatments for lumbar or thoracic complaints for an initial trial and up to 1-3 times a week and 1-2 months with functional Improvement. In this case, the treater does not explain why additional acupuncture is being requested. The reports state that the patient has completed 6 sessions of acupuncture. None of the reports discuss how the patient has responded to acupuncture. For additional acupuncture treatment, MTUS Guidelines requires functional improvement as defined by Labor Code 9792.20e a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The request IS NOT medically necessary.

Physical Therapy two times a week for six weeks for the lumbar spine, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

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

Decision rationale: This patient presents with pain and weakness in her lower back and lower extremity. The request is for 12 SESSIONS OF PHYSICAL THERAPY FOR THE LUMBAR SPINE. MRI of the lumbar spine from 12/01/14 shows 3mm disc herniation at L4-5. X-ray of the lumbar spine from 09/27/14 demonstrates L4-5 grade 1 anterolisthesis. The patient has had 6 sessions of acupuncture, 12 sessions of physical therapy and chiropractic treatment. Work statue is unknown. For non-post- operative therapy treatments, MTUS guidelines page 98 and 99 allow 8-10 sessions for neuralgia, neuritis, and radiculitis, unspecified and 9-10 sessions for myalgia and myositis, unspecified. In this case, the treater does not explain why additional therapy is needed. None of the reports specifically discusses how the patient has responded to the physical therapy in terms of pain reduction or functional improvement. The treater does not explain why the patient is unable to transition into a home program. The current request for 12 combined with 12 already received would exceed what is recommended per MTUS guidelines. The request of physical therapy IS NOT medically necessary.