

Case Number:	CM14-0140027		
Date Assigned:	09/22/2014	Date of Injury:	11/05/1999
Decision Date:	10/21/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year-old female, who sustained an injury on November 5, 1999. The mechanism of injury is not noted. Diagnostics have included: January 16, 2013 lumbar magnetic resonance imaging (MRI) reported as showing left L3-4 disc protrusion with nerve root compression, L4-5 and L5-S1 post- surgical changes. Treatments have included: February 2014 right sacroiliac injection, medications, physical therapy, lumbar laminectomy, HEP, TENS. The current diagnoses are: lumbar strain, lumbar post-laminectomy syndrome, chronic pain syndrome. The stated purpose of the request for 12 additional physical therapy sessions was to continue to improve strength and endurance. The request for 12 additional physical therapy sessions was denied on August 15, 2014, noting that the patient has benefited from physical therapy and is performing home exercise and there is no documented medical necessity for additional physical therapy sessions. The stated purpose of the request for Trial of at-home TENS (transcutaneous electrical nerve stimulation) unit, was not noted. The request for Trial of at-home TENS (Transcutaneous Electrical Nerve Stimulation) unit, was denied on August 15, 2014, noting a lack of documented CRPS diagnoses and that the injured worker already has a home TENS unit. Per the report dated August 7, 2014, the treating physician noted complaints of neck and low back pain and leg pain with bilateral feet numbness. Exam findings included lumbar paraspinal tenderness, and restricted lumbar range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Physical Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Complaints, Physical Therapy

Decision rationale: The requested 12 additional physical therapy sessions, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and ODG Treatment in Workers Compensation, ODG Physical Therapy Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has neck and low back pain and leg pain with bilateral feet numbness. The treating physician has documented lumbar paraspinal tenderness, restricted lumbar range of motion. The treating physician has documented that the injured worker is participating effectively with a home exercise program and does not document any current functional deficits that would require additional formal physical therapy. The criteria noted above not having been met, 12 additional physical therapy sessions is not medically necessary.

Trial of At-Home Tens (Transcutaneous Electrical Nerve Stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (Transcutaneous Electrical Nerve Stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic, (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

Decision rationale: The requested Trial of at-home TENS (Transcutaneous Electrical Nerve Stimulation) unit, is not medically necessary. Chronic Pain Medical Treatment Guidelines, TENS, (Transcutaneous Electrical Nerve Stimulation), pages 114 - 116, note "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." The injured worker has neck and low back pain and leg pain with bilateral feet numbness. The treating physician has documented lumbar paraspinal tenderness, restricted lumbar range of motion. The treating physician has not documented the medical necessity for an additional home TENS unit as it is reported that the injured worker is already using a home TENS unit. The criteria noted above not having been met, Trial of at-home TENS (Transcutaneous Electrical Nerve Stimulation) unit, is not medically necessary.