

Case Number:	CM14-0141418		
Date Assigned:	09/10/2014	Date of Injury:	06/14/1999
Decision Date:	10/17/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/02/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 62 year old female who was injured on 06/14/99 when a chair was pulled out from underneath her as she went to sit down; the injured worker landed on her back. The injured worker complains of low back pain which radiates down the left lower extremity and is associated with numbness and weakness. It was documented that the injured worker suffered with bladder incontinence during the first year following the injury. The injured worker is diagnosed with lumbar sprain and lumbar radiculopathy. Records indicate treatment has included physical therapy, injections, massage therapy, chiropractic care, opioids, antiinflammatories, muscle relaxants and topical creams. Clinical note dated 07/23/14 notes the injured worker is going to aquatic therapy which eases her back pain. Physical examination on this date reveals a bilateral valgus gait, range of motion (ROM) of the lumbar spine is noted to include 5 degrees extension with pain and limited flexion and twisting bilaterally, moderate to severe paravertebral spasms are noted, motor examination of the lower extremities is unable to be performed for undisclosed reasons. A periodic report dated 08/06/14 states the injured worker underwent a course of aqua therapy which was reportedly very beneficial. This note indicates a request for a transcutaneous electrical nerve stimulation (TENS) unit has previously been denied. This note includes requests for aqua therapy and a TENS device. Requests for the same were denied by utilization review dated 08/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine/Aqua Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines support the use of aquatic therapy when reduced weight bearing is desirable. Examples of such situations include extreme obesity and fibromyalgia. Records do not indicate the injured worker cannot tolerate land based therapy and does not substantiate that water based therapy is required over land based exercise. Guidelines for the number of supported aquatic therapy visits comply with recommendations set forth for traditional physical medicine. The submitted request does not indicate the amount or duration of aquatic therapy proposed for this injured worker. Based on the clinical information provided and the MTUS guidelines, medical necessity of aqua therapy is not established.

TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic pain (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: Per Medical Treatment Utilization Schedule MTUS Chronic Pain Medical Treatment Guidelines, criteria for the use of TENS include evidence that other appropriate pain modalities have been attempted and failed. Records note that previous therapies that improved the injured worker's condition included physical therapy, massage therapy, chiropractic care and daily exercise. Records do not indicate medications fail to improve the injured worker's pain levels or functional abilities. Criteria for the use of TENS also include a documented treatment plan which should include specific short and long term goals. No such treatment plan is included for review. Based on the clinical information provided and the MTUS guidelines, medical necessity of a TENS unit is not established.