

<b>Case Number:</b>	CM13-0036089		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	06/17/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	10/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/18/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

This patient has a date of injury of 6/17/2009. The patient has a primary diagnosis or degenerative lumbar spondylolisthesis with right foot drop. An MRI of lumbar spine on 2/19/2013 showed that at L4-L5 severe canal stenosis, 7 mm anterolisthesis, neural foramina narrowing, and severe loss of disc height. Records provided document subjective complaints including persistent neck and low back pain. Objective findings included right foot drop, EHL 4/5, straight leg raise positive on the right. Diagnoses were right foot drop, right forearm and wrist injury, degenerative lumbar spondylolisthesis with stenosis, and right thigh thermal burn. Treatment plan was codeine, temporarily totally disabled, TENS unit, and PT. Records show that the patient was given a TENS unit for her low back.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT for TENS unit instruction:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic.

**Decision rationale:** Review of medical records document that the patient has been provided a TENS unit. Utilization review dated 09-19-12 by [REDACTED] recommended Certification of PT request. The medical records provided for review, document lumbar spine abnormalities, radiculopathy, and foot drop. The Chronic Pain Medical Treatment Guidelines recommend physical therapy, 8-10 visits, for neuralgia, neuritis, and radiculitis. The ODG guidelines recommend physical therapy for low back conditions, 10 visits for spinal stenosis. The coverage guidelines and available medical records support the medical necessity for physical therapy. Therefore, the request for physical therapy for TENS unit instruction is medically necessary.