

<b>Case Number:</b>	CM13-0038713		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	11/02/2007
<b>Decision Date:</b>	07/08/2014	<b>UR Denial Date:</b>	09/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old male who reported an injury on 11/02/2007. The mechanism of injury was not provided in the medical records. The patient has a history of neck, mid back, and low back pain. The 06/24/2013 examination note reported a complaint of exacerbation of the patient's neck, mid back, and low back pain and stiffness. The patient reported physical therapy provided significant benefit in the past, his home electrical muscle stimulation unit provided significant benefit in terms of control of pain and muscle spasm, Swedish massage allowed him to continue working and decreased the pain and muscle spasms. The injured worker requested Swedish massage, zero gravity massage chair, and a short course of physical therapy. On examination of the cervical spine, the patient had tenderness, mild spasm, and mild guarding bilateral cervical paravertebral and upper trapezial musculature with 40/50 degrees flexion, 45/60 degrees extension, 70/80 degrees right rotation, 72/80 degrees left rotation, and 30/45 degrees bilateral lateral flexion. On examination of the thoracic spine, he had tenderness and muscle guarding over the bilateral thoracic paravertebral musculature with 40 degrees flexion, 22 degrees right rotation, 20 degrees left rotation. Examination of the lumbosacral spine revealed tenderness and muscle guarding over the lumbar paravertebral musculature with 39 degrees flexion, 12 degrees extension, 16 degrees right side bending and 18 degrees left side bending. He was diagnosed with cervical spine musculoligamentous sprain/strain with a history of right upper extremity radiculitis, muscle contraction, and headaches. He was also diagnosed with thoracic spine musculoligamentous sprain/strain with recent history of worsening and lumbosacral spine musculoligamentous sprain/strain with a history of bilateral lower extremity radiculitis. He had an MRI performed on 08/20/2012 that revealed multilevel disc desiccation and spondylosis with a 2 mm disc protrusion at C6-7 and C3-4 with right foraminal stenosis and recent history of worsening and MRI findings from 12/27/2008 that revealed L5-S1 4 mm left-sided broad based

disc protrusion with left neural foraminal stenosis. The note stated the patient had a good response to physical therapy in the past and due to the recent worsening of his cervical, thoracic and lumbar spine, a short course of physical therapy was recommended. In addition to Swedish massage and massage chair and electrical stimulation supplies.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **PHYSICAL THERAPY 2X4 8 VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine Page(s): 98-99.

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

**Decision rationale:** The California MTUS Guidelines recommend 8 to 10 visits of physical therapy for neuralgia, neuritis, and radiculitis. In this case, the documentation submitted did not provide significant deficits to warrant the need for supervised physical therapy rather than a home program. As such, the requested physical therapy is not medically necessary.

#### **SWEDISH MASSAGE 2X4 EQUALS 8 VISITS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The California MTUS states massage therapy is recommended as an adjunct to other recommended treatments, such as exercise, and should be limited to 4 to 6 visits. The documentation submitted did not provide significant deficits to warrant the need for physical therapy. Therefore, the massage would not be in conjunction to another recommended therapy. Additionally, the request is for 8 visits, which exceeds the recommended.

#### **CLINICAL "HUMAN TOUCH" BRAND MASSAGE CHAIR, "ZERO GRAVITY" MASSAGE CHAIR HT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Medical Treatment Guidelines, Massage Therapy Page(s): 60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg, Durable medical equipment (DME).

**Decision rationale:** The Official Disability Guidelines state durable medical equipment is recommended if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment, which includes equipment that can withstand repeated use and can normally be rented and used by successive patients, primarily and customarily used to serve a medical purpose, generally not useful to a person in the absence of an illness or injury, and is appropriate for use in the patient's home. A massage chair is not equipment that can normally be rented and does not serve a medical purpose. Additionally, the documentation did not indicate the patient has an illness or injury that prohibits him from attending massage therapy sessions outside of the home. As such, the requested massage chair is not medically necessary.

## **PADS, WIRES & BATTERIES FOR HOME ELECTRICAL MUSCLE STIMULATION**

**UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain and Medical Treatment Guidelines, TENS, Transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines state transcutaneous electrical simulation is not recommended as a primary treatment modality but may be considered an option if used as an adjunct to a program of evidence-based functional restoration for patients with complex regional pain syndrome (CRPS), neuropathic pain, phantom limb pain, and spasticity in a spinal cord injury or multiple sclerosis, if there is documentation of outcomes for pain relief and function from the use of the unit. The documentation submitted did not indicate the patient has any of the aforementioned conditions and did not provide outcomes from the use of the unit including objective measurements for pain, strength, and range of motion on a numerical scale to support efficacy. Medical necessity for the unit has not been established and, therefore, the associated supplies are not warranted. As such, the requested supplies are not medically necessary.