

<b>Case Number:</b>	CM13-0050806		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

The patient is a 63-year-old female with date of injury on 12/15/2011. The progress report dated 10/20/2013 by [REDACTED] indicates that the patient was 4 months status post cervical fusion of the cervical spine. The patient has made improvements with physical therapy. Current exam showed cervical flexion at 20 degrees and extension at 20 degrees, rotation to the left is 20 degrees and to the right was 30 degrees. A request was made for an additional 8 sessions of physical therapy. Utilization review letter dated 11/04/2013 had indicated that the patient had previously been certified for 18 postoperative physical therapy sessions, and the patient was status post cervical discectomy and fusion on 06/24/2013. Utilization review modified the request to 6 visits. Regarding the TENS unit, the treating physician had noted that the patient had good results with TENS unit therapy during physical therapy sessions and was requesting a TENS unit for home use. The utilization review provided modification for a 30-day trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional physical therapy on the spine at 2 visits per week for 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The patient continues with neck pain. The patient was 4 months status post cervical fusion and appears to have undergone approximately 18 sessions of physical therapy and was making progress. The treating physician had requested an additional 8 sessions of physical therapy. Postsurgical treatment guidelines recommend 24 visits of physical therapy for cervical fusion. A postsurgical medicine treatment period is 6 months. The treatment guidelines also state that if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The patient appears to be making continued progress in physical therapy. The additional 8 sessions of physical therapy appeared to be supported by the guidelines noted above. Therefore, authorization is recommended.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 114, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy

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

**Decision rationale:** The treating physician indicates that the patient has had benefit with TENS unit therapy during physical therapy sessions in regard to improving the symptoms of neck pain and muscle spasm. A request was made for a TENS unit for home use. The utilization review letter dated 11/04/2013 had issued modification for a 30-day trial. MTUS page 116 regarding TENS unit therapy states that it is not recommended as a primary treating modality, but a 1-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. This patient appears to qualify for a 1-month trial of TENS unit home therapy. However, a TENS unit purchase does not appear to be indicated at this time without successful TENS unit 30-day trial. Therefore, the modification by UR appeared to be reasonable. Recommendation is for denial.