

<b>Case Number:</b>	CM13-0056713		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	09/12/2010
<b>Decision Date:</b>	05/27/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 & Rehabilitation 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 43 year-old male who reported an injury on 09/12/2010; the mechanism of injury was trauma. The injured worker had diagnoses including cervical radiculopathy status post fusion, lumbar radiculopathy status post discectomy, anxiety reaction, gastropathy secondary to taking pain medications, and status carpal tunnel release. The injured worker reported chronic pain. The clinical note dated 10/09/2013 noted the injured worker stated his low back pain had been worsening. He indicated that he had difficulty getting up from a seated position and moving around. Physical exam of the cervical spine indicated the paraspinal muscles were tender and spasms were present. Cervical spine range of motion was restricted and deep tendon reflexes were normal and symmetrical. Sensation was reduced in the bilateral median nerve distribution and the motor strength was grossly intact. The lumbar spine examination indicated the paraspinal muscles were tender and spasms were present. Lumbar spine range of motion was restricted and straight leg raise was positive bilaterally. Motor strength and sensation was grossly intact. The treatment plan included a request for a TENS unit for the injured worker to use on his lower back to alleviate pain and physical therapy three times a week for four weeks for his lower back to increase his range of motion. The physician failed to document the rationale for physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit for the lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines note the criteria for the use of a TENS unit for chronic intractable pain include documentation of pain of at least three months duration must be present, there should be evidence that other appropriate pain modalities have been tried (including medication) and failed, and a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. The clinical documentation provided fails to provide documentation indicating the injured worker has undergone other appropriate pain modalities (including medication) and failed. Additionally, it was unclear if the injured worker has undergone a one-month trial period of the TENS unit (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Therefore, due to the lack of required documentation for the TENS unit for the lower back is not medically necessary.

**Physical therapy three times a week for four weeks for the lower back:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines recommend allowing for fading of physical therapy treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The guidelines recommended 8-10 visits over 4 weeks for neuralgia, neuritis, and radiculitis, unspecified. The clinical documentation provided indicates the injured worker's back pain was worsening and he was having difficulty getting up from a sitting position and moving around. The physical exam indicated he had paraspinal muscle tenderness and restrictions with range of motion in the cervical spine but his motor strength strength and sensation were grossly intact. The clinical notes failed to provide an adequate and complete assessment of the injured workers current objective functional condition including quantifiable range of motion and strength values in order to demonstrate deficits needing to be addressed as well as to establish a baseline by which to judge objective functional improvement with the course of therapy. The current request also exceeds the recommended guidelines. Therefore, due to the lack of information, the request for physical therapy three times a week for four weeks for the lower back is not medically necessary.

