

<b>Case Number:</b>	CM13-0063120		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/27/2002
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2013

### 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 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 patient is a 55-year-old male who reported an injury on 12/27/2002 after a motor vehicle accident. The patient reportedly sustained injury to the left shoulder and low back. The patient's treatment history included physical therapy and multiple medications and psychiatric support. The patient's most recent clinical evaluation documented the patient had chronic cervical and lumbar pain that radiated into the upper and lower extremities bilaterally. It was noted that the patient had not recently received any physical therapy. Physical findings included tenderness to palpation along the paravertebral musculature with decreased range of motion and decreased sensation in the C6, C7, L5, and S1 dermatomal distributions bilaterally. The patient's diagnoses included lumbosacral radiculopathy and cervical radiculopathy. A request was made for physical therapy and a TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 Physical Therapy Sessions for the Cervical and Lumbar Spine: Upheld**

**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 Physical Medicine Page(s): 98-99.

**Decision rationale:** The requested 12 physical therapy sessions for the cervical and lumbar spine are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received physical therapy. California Medical Treatment Utilization Schedule recommends patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation does not provide any evidence that the patient is currently participating in a home exercise program. Therefore, a short course of treatment would be appropriate for this patient to re-establish and re-education the patient in a home exercise program. However, 12 sessions of physical therapy would be considered excessive. As such, the requested 12 physical therapy sessions for the cervical and lumbar spine are not medically necessary or appropriate.

**One TENS Unit:** Upheld

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

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

**Decision rationale:** California Medical Treatment Utilization Schedule recommends the use of a TENS unit as an adjunct therapy for patients participating in an active functional restoration program. The clinical documentation fails to provide any evidence that the patient is participating in a home exercise program that would benefit from the addition of a TENS unit. Additionally, California Medical Treatment Utilization Schedule recommends a 30-day clinical trial to establish efficacy and pain relief of this treatment modality. The clinical documentation does not provide any evidence that the patient has undergone a 30-day trial. The request as it is written does not clearly identify if this is for a 30-day rental period or for purchase. Therefore, the appropriateness of this request cannot be determined. As such, the requested 1 TENS unit is not medically necessary or appropriate.