

<b>Case Number:</b>	CM14-0106304		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 41-year-old male who reported an injury on 06/16/2011 due to pulling a pallet that was loaded with produce, when suddenly he experienced a sharp pain in his lower back that radiated down his legs, as well as in his neck that radiated down his back and bilaterally in the arms. Diagnoses for the injured worker were status post C3-4 and C6-7 anterior cervical discectomy and fusion, status post C3-T1 posterior decompression and fusion, cervical cord compression causing myelopathy. Past treatments were pain medications, sessions of physical therapy as well as a spinal injection. The injured worker had a magnetic resonance imaging (MRI) on 10/05/2012 of the cervical spine, MRI of the lumbar spine on 06/11/2013, and an electromyography/nerve conduction velocity (EMG/NCV) on 06/2013, which was within normal limits. Past surgical history was C3-4 and C6-7 anterior cervical discectomy and fusion on 11/2012, status post C3-T1 posterior decompression and fusion 01/2013. Physical examination on 05/30/2014 revealed improvement in the paresthesias, the injured worker had in both feet and his right hand, but he continued to have numbness and tingling in the left hand. The injured worker also felt that his walking had improved and his overall balance was improved and he was able to walk with a single-point cane. Physical examination of the cervical spine, the right anterior cervical incision was well healed. Cervical flexion was to 30 degrees, extension was to 20 degrees, rotation to the right was to 10 degrees, and rotation to the left was to 10 degrees. Muscle strength for the upper extremities was 5/5 bilaterally in the proximal muscle groups. Grip strength was 4+/5 bilaterally. Lower extremities 5/5 bilaterally in the psoas, quadriceps, gastrocnemius, and anterior tibialis muscle. Sensory exam was intact with pinprick sensation in all upper extremity dermatomes, decreased throughout C5-T2 dermatomes. Upper extremity reflexes was positive, Hoffman's sign on the right. It also was noted in the injured worker's records that he has reached a plateau with regards to his spinal cord injury and myelopathy.

Medications for the injured worker were Tramadol ER, occasional Norco, and Flexeril. Treatment plan for the injured worker was to request a new transcutaneous electrical nerve stimulation (TENS) unit that can be placed over the right scapular region where the injured worker felt most pain. It was also noted that this request was submitted in an effort to minimize the need for Norco and to eventually wean the injured worker from his medications. In addition, the treatment plan was for eight additional sessions of physical therapy to be performed once a week. The Request for Authorization was not submitted for review.

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

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

**Physical therapy for 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Postsurgical Treatment Guidelines.

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

**Decision rationale:** The request for physical therapy times eight is not medically necessary. The California Medical Treatment Utilization Schedule states physical medicine is recommended as passive therapy and active therapy. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker has had physical therapy sessions in the past. It was also noted in the document that the injured worker had reached his plateau. Physical Medicine Guidelines allow for fading and treatment frequency (from up to three visits to one or less), plus active self-directed home physical medicine. For unspecified myalgia and myositis, it is recommended 9 to 10 visits over an 8-week period. For unspecified neuralgia, neuritis and radiculitis, it is suggested that 8 to 10 visits over a 4-week period. The injured worker had objective measurable gains and functional improvement but it was stated that the injured worker had reached his plateau therefore; additional sessions would not be supported. In addition, the request exceeds guideline recommendations and the request as submitted failed to include the area of the body the therapy was to address. Therefore, the request is not medically necessary.

**TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines: TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation) Criteria for the use of TENS.

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

**Decision rationale:** The request for a transcutaneous electrical nerve stimulation (TENS) unit is not medically necessary. Transcutaneous electrotherapy represents the therapeutic use of

electricity and is another modality that can be used in the treatment of pain. TENS unit is not recommended as a primary treatment 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. Recommendations for the use of a TENS unit by types of pain are neuropathic pain, complex regional pain syndrome (CRPS) type 2, CRPS type 1, diabetic neuropathy, postherpetic neuralgia, phantom limb pain, spasticity, spasms in patients with multiple sclerosis. The criteria for the use of a TENS unit is documentation of pain for at least a 3 month duration. There must be evidence that other appropriate pain modalities have been tried (including medication) and failed. A 1 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. Other ongoing pain treatments should also be documented during the trial period including medication usage. A treatment plan including the specific short and long-term goals of treatment with a TENS unit should be submitted. A treatment plan with specific short and long-term goals was not submitted for the use of a TENS unit. The request submitted does not indicate if the TENS unit is rental or for purchase, or for how long, and how often it should be used. Therefore, the request is not medically necessary.