

<b>Case Number:</b>	CM14-0126982		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 and 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 34-year-old female who reported an injury on 10/03/2012, reportedly sustained back pain after a heavyset 2-year-old, whose hand she was holding, suddenly dropped to the ground, yanking on her left hand. She was pulled to the left, causing sharp back pain. The injured worker's treatment history included medications, physical therapy, chiropractic treatment, MRI studies and injections, EMG/NCS. The injured worker was evaluated on 06/25/2014 and it was documented that the injured worker complained of low back pain. The pain was described as sharp and the pain level was a 4/10. The pain was radiating and tingling. Physical examination of the lumbar spine revealed muscle tenderness bilaterally in an asymmetrical distribution. On the right in the paraspinous muscles minimal, less tender. On the left in the left paraspinous muscles, minimal, less tender. Active range of motion, flexion full and asymptomatic to 75 degrees. Extension full to 25 degrees, low back pain bilaterally. There was full and symmetrical muscles strength, tone and size through the upper and lower extremities. The injured worker received an epidural injection and had some improvement. In the documentation, the provider noted the injured worker's home exercise program and her TENS unit with her physical therapy, she had improved symptoms. Diagnoses included lumbar radiculopathy, degenerative lumbar/lumbosacral disc, lumbar herniated disc and sciatica.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy times (X)12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-299, Chronic Pain Treatment Guidelines Page(s): 98-99, 58-60, 114-116.

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

**Decision rationale:** The request is non-certified. The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The documents submitted indicated the injured worker has had conservative care to include chiropractic treatment and physical therapy. It was documented the injured worker had improved symptoms from treatment and home exercise regimen. Additionally, the request failed to indicate the location where physical therapy is required and will exceed recommended amount of visits per the guidelines. As such, the request for physical therapy X 12 is non-certified.

**Chiropractic times (X) 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

**Decision rationale:** The requested is non-certified. The California MTUS Guidelines may support up to 18 visits of chiropractic sessions Manual Therapy & Manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. The documents submitted stated the injured worker attended chiropractic sessions and functional improvement. In addition, the request failed to indicate location where the injured worker is requiring treatment. Given the above, the request for Chiropractic times X 12 is non-certified.

**TENS unit for purchase for the lumbar:** Upheld

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

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

**Decision rationale:** The requested is non-certified. Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a one-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 and other ongoing pain treatment including medication usage. It also states that the TENS unit is recommended for neuropathic pain including diabetic neuropathy and post-herpetic neuralgia. The guidelines recommends as a treatment option for acute post-operative pain in the first thirty days post-surgery. In addition, the provider failed to indicate long-term functional goals for the injured worker. In addition, the guidelines recommend 30 day trial the recommended the request failed to indicate duration of trial home use for the injured worker. Given the above, the request TENS unit for purchase for lumbar is non-certified.