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| <b>Case Number:</b>   | CM14-0158794 |                              |            |
| <b>Date Assigned:</b> | 10/02/2014   | <b>Date of Injury:</b>       | 03/08/2011 |
| <b>Decision Date:</b> | 10/29/2014   | <b>UR Denial Date:</b>       | 08/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/29/2014 |

### 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, has a subspecialty in Interventional Spine 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 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 43-year-old female with a date of injury of 03/08/2001. The listed diagnoses per [REDACTED] are Thoracic strain and Lumbar disk disease. According to progress report 08/13/2014, the patient presents with continued low back pain. It was noted the patient has had 4 physical therapy sessions which have been "helpful". It was noted that he is "trying to do home exercises." Examination revealed positive straight leg raise on the right and tenderness to the lumbar spine with decreased range of motion. The provider is requesting physical therapy 2 times a week for 5 weeks and a TENS unit with supplies rental or purchase for home use. Utilization review denied the request on 08/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued physical therapy (lumbar) (2x/week x 5 weeks):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines myalgia ;myositis Page(s): 98 AND 99.

**Decision rationale:** This patient presents with chronic low back pain. The provider's last prescription runs out before patient completed her sessions." Utilization review indicates the patient has received 40 physical therapy sessions in total. It was noted that patient had completed 4 out of the 10 sessions. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the patient was previously authorized 10 sessions in which the patient completed 4. The provider is requesting additional 10 sessions which exceeds what is recommended by MTUS. Therefore, this request is not medically necessary.

**TENS unit and supplies (rental or purchase):** Upheld

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

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

**Decision rationale:** This patient presents with chronic low back pain. The provider is requesting a purchase or rental of a TENS unit and supplies for home use. Per MTUS Guidelines 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality but a one-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple scoliosis. In this case, the provider in his progress report and request for authorization does not specify the duration of the TENS unit and request a "rental/purchase." When a TENS unit is indicated, a trial of 30 days is recommended before further use can be considered. A recommendation cannot be made for a TENS unit without specifying the duration. Therefore, this request is not medically necessary.