

<b>Case Number:</b>	CM14-0173485		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/07/2001
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, hip, and leg pain reportedly associated with an industrial injury of November 7, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; opioid therapy; epidural steroid injection therapy; lumbar facet joint injections; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 13, 2014, the claims administrator denied a TENS unit and denied eight sessions of physical therapy. In a September 23, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain status post earlier cervical and lumbar fusion surgeries. The applicant was reportedly "90% better." The applicant stated that she was making excellent progress. The applicant was using Neurontin, Norco, and unspecified diabetes medications, it was noted. Good range of motion about the hips, knees, and ankles was appreciated. The applicant was asked to employ a TENS unit and obtain additional physical therapy. The applicant's fusion was reportedly solid. Eight sessions of physical therapy and a TENS unit were sought. The applicant's work status was not provided. In a June 30, 2014 progress note, the applicant was described as in the process of pursuing a total knee arthroplasty. In an earlier note dated April 8, 2014, the applicant was asked to pursue eight sessions of physical therapy. The applicant did exhibit an antalgic gait but had no focal lower extremity motor deficits. The applicant was described as having "retired," on this date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **1 TENS Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS Page(s): 116.

**Decision rationale:** No, the proposed TENS unit (purchase) is not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of a TENS unit on a purchase basis should be predicated on evidence of favorable one-month trial of the same, with favorable outcomes in terms of both pain relief and function. In this case, however, the attending provider has seemingly sought authorization to purchase the TENS unit without evidence of a prior successful one-month trial of the same. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

## **8 physical therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** Similarly, the request for eight sessions of physical therapy is likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgia's and myositis of various body parts, the issue reportedly present here, this recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment and by commentary made in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 48, which stipulates that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, however, no clear treatment goals were provided. It was not clearly stated how much prior physical therapy the applicant had had. It was not clearly stated why additional therapy was being sought as the applicant had already embarked upon a decision to pursue surgical intervention for the knee via a proposed total knee arthroplasty. In this case, however, the attending provider has not clearly outlined the applicant's response to earlier physical therapy. Therefore, the request is not medically necessary.

