

<b>Case Number:</b>	CM14-0186274		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/31/1994
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 presented with worked related injury on 05/30/2014. The patient was treated for Fibromyalgia, neck pain, headaches, chronic pain syndrome, shoulder joint pain and knee joint pain. On 10/01/2014, the patient complained of pain radiating down her fingertips, and headaches. The pain is rated as an 8/10. Medications included Lidocaine, Flector, Butrans, Lyrica, Ultracet and Norco. The physical exam was significant for range of motion of the cervical spine limited secondary to pain, trigger points palpated into the cervical muscles and lumbar spine, lumbar range of motion limited secondary to pain, upper extremities with decreased range of motion of the bilateral shoulders, trigger points palpated in the lateral knee of the left. The patient was diagnosed with fibromyalgia, neck pain, headaches, chronic pain syndrome, shoulder joint pain and knee joint pain. A request was made for neurostimulator treatment, physical therapy including pool therapy and biofeedback.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neurostimulator treatment/percutaneous electrical nerve stimulator 4 treatments over 30 days for the cervical spine and chronic pain:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous electrical nerve stimulation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulator Page(s): 119.

**Decision rationale:** Neurostimulator treatment/percutaneous electrical nerve stimulator 4 treatments PENs over 30 days for the cervical spine and chronic pain is not medically necessary. Per MTUS, PENs is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain....The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." As it relates to this case PENs was recommended as solo therapy for pain associated with neck, knee, shoulder and generalized body pain. There is also lack of documentation that the claimant has failed conservative therapy, and a trial of TENS unit. Per MTUS and the previously cited medical literature PENs is not medically necessary as solo therapy.

**Physical therapy 2 times a week for 10 weeks for the cervical spine and chronic pain:**  
Upheld

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

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

**Decision rationale:** Physical therapy 2 times a week for 10 weeks for the cervical spine and chronic pain is not medically necessary. Page 99 of Ca MTUS states " physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The claimant's medical records indicated that she had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.

**Pool therapy 2 times a week for 10 weeks for the cervical spine and chronic pain:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pool Therapy Page(s): 12 and 22.

**Decision rationale:** Pool therapy 2 times a week for 10 weeks for the cervical spine and chronic pain is not medically necessary. Aquatic therapy is recommended as an optional form of exercise

therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize effects of gravity, so it is specifically recommended where reduce weight bearing is desirable, for example extreme obesity. Whether exercise improves some components of health-related quality of life, balance, and stair climbing and 50 minutes with fibromyalgia, but regular exercise and high intensities may be required to preserve most of these gains. For ankle sprains postsurgical treatment allows 34 visits of physical therapy over 16 weeks. The exercise program goals should include strength, flexibility, endurance, coordination, and education. Patients can be of early passive range of motion exercises at home by therapist. This randomized controlled trial supports early motion (progressing to full weight bearing at 8 weeks from treatment) as acceptable form of rehabilitation and surgically treated patients with Achilles tendon ruptures. The claimant's records did not indicate the rationale for aqua therapy. Per MTUS Guidelines pages 12 and 22, aqua therapy is recommended where weight bearing is desirable. There is no documentation that weight bearing exercises were desirable as result of a co-morbid condition such as extreme obesity. Additionally, the claimant had previously completed physical therapy without documentation of benefit or improved function; therefore, the requested service is not medically necessary.

**Bio-behavioral pain management / biofeedback for the cervical spine and chronic pain 1x week x 6 weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 104.

**Decision rationale:** Bio-behavioral pain management / biofeedback for the cervical spine and chronic pain 1x week x 6 weeks is not medically necessary. Per CA MTUS, Biofeedback is not recommended as a stand-alone treatment; but is recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. The medical records lack documentation of participation in program of cognitive behavioral therapy or support the need for adjuvant biofeedback; therefore the requested service is not medically necessary.