

<b>Case Number:</b>	CM14-0064588		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/28/2001
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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, has a subspecialty in 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:

This is a patient with a date of injury of 7/28/01. A utilization review determination dated 4/18/14 recommends non-certification of a replacement TENS unit and PT. 4/9/14 medical report identifies that 8 PT sessions from the prior year generated fairly symptomatic and functional gains for him. TENS had been of benefit for him for a significant period prior to the unit finally failing. There is increased pain in the lower back along with increased numbness and weakness in the left leg, which is constant and appears to be progressively worsening. He has long-standing fecal incontinence as a result of the injury to the lumbosacral plexus. On exam, there is a slow and unsteady gait, limited range of motion, low back and left SI joint tenderness, weakness of the left hip flexors and abductors, left knee extensors, and left ankle dorsiflexors. Toe extensors were also weak, worsened as compared to prior findings 8 months prior. Ankle jerk was 1+ right and absent left. Right straight leg rise and stretch test was equivocal, while they were positive for pain radiating down the posterolateral aspect of the thigh and lateral aspect of the leg to the foot on the left. Left FABER was positive.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**New TENS Unit with Supplies (to replace the broken one):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy (TENS Unit) Page(s): 114-121. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-117.

**Decision rationale:** Regarding the request for New TENS Unit with Supplies (to replace the broken one), Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended 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. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial 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. Within the documentation available for review, it is noted that the patient has previously used TENS with subjective benefit. There was mention of functional gains, but no specific gains were identified, and there was no documentation of how often the unit was used and other objective measures of significant benefit such as decreased pain medication use while utilizing the TENS unit. In the absence of clarity regarding the above issues, the currently requested New TENS Unit with Supplies (to replace the broken one) is not medically necessary.

**Physical Therapy 8 visits:** Overturned

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

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

**Decision rationale:** Regarding the request for physical therapy 8 visits, California Medical Treatment Utilization Schedule (MTUS) supports up to 10 sessions for chronic injuries and cites that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Within the documentation available for review, there is documentation of completion of prior physical therapy sessions approximately one year prior to the request with unspecified subjective and functional gains noted. The provider noted progressive weakening in the months prior to the request and some significant objective functional deficits are noted. The requested number of sessions is within the recommendations of the California MTUS and it appears that a short course of physical therapy may be helpful to assist the patient in progression back into an independent home exercise program. In light of the above, the currently requested Physical Therapy 8 visits are medically necessary.