

<b>Case Number:</b>	CM14-0081539		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 40 year old male with a work injury dated 4/2/12. The diagnoses include status post 2 level lumbar fusion for cauda equina syndrome. Under consideration is a request for 16 sessions of Physical Therapy on the Lumbar and/or Sacral Vertebrae (2x for 8wks) and a TENS unit. There is a physical therapy document dated 5/27/14 that states that the patient was on visit #21. He was having more ankle pain in therapy. He had some trouble walking in therapy but is making steady progress with weight bearing ability. He can walk even farther with his AFOs and a straight cane. He is still weak in his legs left worse than the right leg. His balance is slowly improving. He can do more weight bearing ADLs but fatigues. There is a recommendation for more PT for gait and balance retraining as well as a TENS trial. A 4/25/14 physical medicine and rehabilitation follow up indicates that the patient reports that he was last seen in therapy 3/27/14 when his prescription ran out. He was working on strengthening and balance, and was continuing to progress in his opinion. Currently, patient ambulates with single point cane and left AFO. He had a fall on Easter after losing balance when sitting; though reassuringly did not sustain any serious injury. He denies any new weakness or sensory changes. Has had mild achy pain in right hip ever since his fall. Also has a history of neuropathic pain; within the last 3-4 days has been worse in the left LE. He continues to use Gabapentin, Soma, and Norco as prescribed; these have not been helping as much in the last 3-4 days. Of note, Gabapentin dose was never increased after last visit as planned. Has constant soreness in his low back, which is stable and unchanged. He did not experience any acute exacerbation in back pain after his fall. Bladder is managed with ICP 5x/day. Bowel managed with manual disimpaction and fiber daily. He does have occasional incontinence, but states this is much better than before. Experiences intermittent rectal pain, which does not seem to be associated with constipation or need to void. On examination Skin: intact, no rashes or lesions noted. The neurologic exam revealed the patient to be oriented and

alert. The motor exam reveals normal bulk and tone throughout; strength 5/5 bilateral upper extremities, strength 5/5 bilateral hip flexors, knee extensors, 4/5 dorsiflexors and 5/5 plantar flexors on the right. On the left dorsi and plantar flexion were not tested due to AFO in place. The sensation is intact to light touch throughout bilateral upper extremities, patchy and decreased sensation throughout bilateral lower extremities. The gait is antalgic. There is a request for PT for gait and balance training. A prior UR dated 5/2/14 noted at that time the patient has had 58 PT visits to date. A 1/17/14 primary treating physician document states that this patient is approximately 18 months status post his 2-level fusion for cauda equina compression. He is doing very well. He has progressed from a wheelchair to a walker to Canadian crutches. He is now using a cane. He has stiffness in the lumbar spine with soreness for which he takes Gabapentin and hydrocodone. He does not take a muscle relaxant. He has a stiff feeling in the lumbar spine. He continues to have a paraparesis, although he appears to be strengthening. He does have continued loss of bowel and bladder function. The patient self catheters himself and he is trying to regulate his bowel movements with his diet.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**16 sessions of Physical Therapy on the Lumbar and/or Sacral Vertebrae (2x for 8wks):**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 98-99;8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-physical medicine.

**Decision rationale:** 16 sessions of Physical Therapy on the Lumbar and/or Sacral Vertebrae (2x for 8wks) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG guidelines. The documentation indicates that the patient has had at least 58 PT visits to date. This exceeds the ODG PT guidelines for medical or postsurgical physical therapy for any lumbar spine condition listed in the ODG low back guidelines. The documentation indicates that the patient ambulates with an ankle foot orthoses and a single point cane. There are no major exacerbations that would require another 16 sessions. The documentation indicates that the patient continues to have lower extremity weakness and appears to make minimal progress or gains. The MTUS guidelines state that therapy should be directed towards an independent home exercise program. At this point the patient should be competent in a home exercise program. The MTUS guidelines state that it is important to design a treatment plan that explains the purpose of each component of the treatment. Furthermore, demonstration of functional improvement is necessary at various milestones in the functional restoration program in order to justify continued treatment.

**TENS Unit Purchase:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

**Decision rationale:** A TENS unit purchase is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines . The guidelines state that a one-month trial period of the TENS unit 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; rental would be preferred over purchase during this time. The documentation submitted does not reveal the documentation of use and outcomes recommended prior to having a home TENS unit. MTUS guidelines recommend TENS "as an adjunct to a program of evidence-based functional restoration." Additionally, there should be "a treatment plan including the specific short- and long-term goals of treatment with the TENS unit " documented. The above documentation does not submit evidence of a treatment plan or an ongoing documented program of evidence based functional restoration. The request for a home TENS unit for purchase is not medically necessary.