

<b>Case Number:</b>	CM14-0082467		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/06/1995
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Interventional Spine 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 59 year old female with an injury date of 06/06/95. Based on 03/12/14 progress report provided by [REDACTED] the patient complains of neck pain that radiates to upper extremities and low back pain that radiates to lower extremities. Physical examination to the cervical spine revealed tenderness from C4-C7 and bilateral shoulders. Range of motion of shoulders was decreased due to pain. Tenderness and spasm noted from L4-S1 of lumbar spine. Lumbar spine range of motion was limited secondary to pain. Patient was given intramuscular vitamin B12 injection at right gluteal muscle on 03/12/14. Her pain is rated 7.5/10 with and 8.5/10 without medications. Diagnosis as of 03/12/14 includes cervical radiculopathy, lumbar radiculopathy, lumbar facet arthropathy, fibromyalgia, myositis, myalgia, anxiety, insomnia, left heel spurs and hemorrhoidectomy. [REDACTED] is requesting physical therapy 2 times 6, for the cervical spine and lumbar spine and durable medical equipment, TENS unit. The utilization review determination being challenged is dated 05/16/14. No rationale was given. [REDACTED] is the requesting provider, and he provided treatment reports from 12/19/13 - 05/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2 times 6, for the cervical spine and lumbar spine:** 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 Medicine Page(s): 98, 99.

**Decision rationale:** The patient presents with neck pain that radiates to upper extremities and low back pain that radiates to lower extremities. The request is for Physical Therapy 2 times 6, for the cervical spine and lumbar spine. The patient's diagnosis includes cervical and lumbar radiculopathy, as well as fibromyalgia, myositis and myalgia. MTUS pages 98, 99 have the following Physical Medicine Guidelines: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks and Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." The request of 12 physical therapy visits exceeds what is allowed by MTUS. Therefore the request is not medically necessary.

**Durable Medical Equipment, TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS; TENS, post operative pain (transcutaneous electrical nerve stimula.

**Decision rationale:** The patient presents with neck pain that radiates to upper extremities and low back pain that radiates to lower extremities. The request is for Durable Medical Equipment, Tens unit. Patient's diagnosis includes cervical and lumbar radiculopathy, as well as fibromyalgia, myositis and myalgia. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain:(p116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other 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 during this trial." And "a treatment plan including the short- and long term goals of treatment with the TENS unit should be submitted." Documentation regarding use and outcomes of TENS during a one-month trial period, as required by MTUS guidelines has not been submitted. Nor has a treatment plan with short- and long-term goals been mentioned in the request. Therefore the request is not medically necessary.