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| Case Number: | CM14-0178563 | | |
| Date Assigned: | 10/31/2014 | Date of Injury: | 10/29/2013 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/27/2014 |

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 Internal 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:

This is a 48 year old male with a date of injury of 10/29/2013. In a visit note dated 8/7/2014, the injured worker reported injuring his neck and back while lifting groceries and luggage for women riding his bus. He was referred to acupuncture on 11/11/2013 and nonsteroidal anti-inflammatory agents were recommended. Notes by [REDACTED] states that the injured worker continued to have neck pain and stiffness was increasing. In a January 3, 2014; a note by [REDACTED] mentions the injured worker is afraid to try physical therapy as that has dramatically increased his neck pain in the past. On 1/17/2014, [REDACTED] documents cervical sprain, radiculitis, and no change in his lower neck and right medial scapular pain. He also has lower neck pain, specular border, and has a C3-C5 anterior fusion. On physical examination, there is full range of motion of both shoulders bilaterally. He has cervical facet tenderness that was significant at the lower levels at C5-C6 and C6-C7. There is a negative Spurling's exam in the cervical spine. Sensory exam in the upper extremities was symmetrical with normal 2-point discrimination of 4-5 mm in both hands without any significant functional loss. Jamar grip strength was greater than 50 Kg on each side. In the lumbar spine he had forward flexion of 50 degrees with a 50 degree hip-sacral angle, 30 degrees of extension, no pain with facet loading and mild tenderness over the sacroiliac joints. Lateral flexion symmetrical at 30 degrees. Normal reflexes noted in bilateral upper and lower extremities. Thoracic spine range of motion, 40 degrees of flexion with 40 degrees of right rotation and 35 degrees of left rotation, no tenderness over the facet joints in the thoracic spine. MRI revealed postoperative changes, slight disc bulge at C4-C5 with facet hypertrophy at several levels. There is a small disc protrusion at C7-T1 with facet degenerative changes. He is diagnosed with: status post cervical fusion at C3-4 and C4-5 with resolved radiculopathy, lumbar spine strain/sprain, and thoracic spine strain/sprain. It is requested that he have a home exercise program and 12 visits of physical

therapy for the cervical spine and an additional 12 visits for the lumbar spine to transition him to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Thoracic Spine-Core Conditioning Core, Stabilization, Thoracic Spine Range of Motion (ROM) Exercise: Upheld

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

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

Decision rationale: Based on MTUS guidelines, passive physical therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instruction. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The 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. Specifically for the diagnosis of myalgia and myositis unspecified, it is recommended that the injured worker have 9-10 visits over 8 weeks. For the diagnosis of neuralgia, neuritis, and radiculitis, unspecified, the recommendation is for 8-10 physical therapy visits over 4 weeks. The request for 12 sessions of physical therapy exceeds the recommended number of visits per MTUS guidelines. Therefore based on the evidence in this case and the MTUS guidelines, the request for 12 sessions of Physical Therapy of the thoracic spine is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulation), Machine, and Extensive Instructions on a HEP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-115.

Decision rationale: Based on MTUS guidelines, transcutaneous electrotherapy represents the therapeutic use of electricity and is another modality that can be used in the treatment of pain.

Transcutaneous electrotherapy is the most common form of electrotherapy where electrical stimulation is applied to the surface of the skin. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. In this case, the injured worker has been having chronic cervical, thoracic, and lumbar spine pain. However, the request for the TENS unit does not specify duration of treatment or if the unit is to be rented or purchased. The MTUS guidelines recommend a one-month home-based TENS unit trial. Therefore, based on MTUS guidelines and the evidence in this case, the request for a TENS machine and extensive instructions on a HEP is not medically necessary.