

<b>Case Number:</b>	CM14-0202989		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	03/03/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Occupational 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 individual is a 54 y/o female who developed persistent neck pain and headaches subsequent to being struck by a rubber ball on 3/03/14. She has been diagnosed with persistent cervical strain and post concussion syndrome. MRI and X-ray studies revealed mild to moderate C5-6 changes without any neurological impingement. She has been treated with trigger point injections and extensive physical therapy. A request for an additional 12 sessions of physical therapy in the treating physicians office is requested. Prior records of therapy in this setting document 55 minutes of passive modalities and 15 minutes of ROM exercises for each visit. There is no documentation of a successful TENS trial prior to asking approval for long-term authorization of a TENS unit plus supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 3/wk x 4/wks (12) for neck:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines - Neck & Upper Back

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

**Decision rationale:** MTUS Guidelines recommend that 8-10 sessions of supervised physical therapy is adequate for the condition that this individual has. Guidelines also recommend a weaning of physical therapy with an emphasis on active treatment and participation. This request is inconsistent with both Guideline standards. There has been extensive prior therapy and a 12-session extension greatly exceeds Guideline standards. In addition, the thrust of therapy with passive modalities has not consistent with Guidelines. The request for therapy 3Xs week for 4 weeks in not medically necessary.

**GSMHD combo TENS unit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** Guidelines are very specific that regarding TENS unit use. Only a usual and customary unit is recommended and there should be a 30 day rental and home trial prior to longer term use. The 30 day trial has to provide objective benefits in pain and function for longer use. These Guideline standards have not been met and there are no unusual circumstances to justify an exception to Guidelines. The GSMH combo TENS unit purchase is not medically necessary.

**Electrodes, 8 pairs/month, duration unspecified:** 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 Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** This request is directly related to the TENS request which is not medically necessary. The Electrodes, 8 pairs/month, duration unspecified is not medically necessary.

**Batteries, 8 units/month, duration unspecified:** 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 Transcutaneous electrotherapy Page(s): 114-116.

**Decision rationale:** This request is directly related to the TENS request which is not medically necessary. The Electrodes, 8 pairs/month, duration unspecified is not medically necessary.