

<b>Case Number:</b>	CM14-0204791		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/25/2010
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 injured worker (IW) is a 28 year old male who sustained an industrial injury on 11/25/2010. He has reported persistent low back pain described as a 5-6 /10 severity that is constant and located in the low back and mid thoracic area radiating to the bilateral gluteal region and thighs. Diagnoses include sprain, thoracic region, and sprain, lumbar region. Treatment to date includes physical therapy and anti-inflammatory medications. In a progress note dated 09/12/2014 the treating provider reports an x-ray of the lumbar spine dated 05/26/2011 with mild L5-S1 disc space narrowing, a MRI of the lumbar spine dated 06/02/2012 with negative, non- contrast showing no fracture, sUBLUXATION, ligamentous injury, disc herniation or neurologic compromise. A diffuse marrow signal was present in the MRI which may represent a proliferative marrow disorder or normal variant. The treatment plan included giving samples of a nonsteroidal anti-inflammatory gel for a trial basis for pain and inflammation, requesting a Transcutaneous Electrical Nerve Stimulation (TENS) unit trial, and requesting additional physical therapy. On 11/24/2014 Utilization Review non-certified a request for One month TENS trial low back noting the three should be documentation of at least three months duration and evidence that other appropriate pain modalities have been tried (including medication ) and failed. The MTUS Chronic Pain Guidelines were cited. On 11/24/2014 Utilization Review non-certified a request for Physical therapy (PT) to thoracic and lumbar spine two (2) times a week for three (3) to four (4) weeks, noting the IW should be fully independent in their home exercise program. Medical necessity is not established in the presented documentation. The Official Disability Guidelines (ODG), Physical Therapy Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**One month TENS trial low back:** Upheld

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

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

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality for neuropathic pain, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. It could be recommended as an option for acute post operative pain in the first 30 days after surgery. There is no documentation that the patient developed neuropathic pain or that a functional restoration program is planned in parallel with TENS. Therefore, the request of One month TENS trial low back is not medically necessary.

**Physical therapy (PT) to thoracic and lumbar spine two (2) times a week for three (3) to four (4) weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines

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

**Decision rationale:** According to MTUS guidelines, Physical Medicine is recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) 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(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with

substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007). There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. There is no documentation that the patient can NOT benefit from home exercise. There is no documentation of the outcome of previous physical therapy sessions. Therefore Physical therapy (PT) to thoracic and lumbar spine two (2) times a week for three (3) to four (4) weeks is not medically necessary.