

<b>Case Number:</b>	CM15-0004852		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	11/17/2008
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 35 year old female, who sustained an industrial injury on 11/17/2008. On 1/9/15, the injured worker submitted an application for IMR for review of TENS unit, and Continue physical therapy twice a week for four weeks for the lumbar spine, and Retrospective request for final confirmation of urine drug test performed on 12/10/14. The treating provider has reported the injured worker complained of low back pain radiating to bilateral lower extremities down to feet with symptoms of numbness, tingling and spasms. The diagnoses have included degenerative lumbar/lumbosacral intervertebral disc, complex regional pain syndrome lumbar spine lower extremities, chronic pain syndrome, failed back syndrome, anxiety and depression due to chronic pain, neuropathic pain bilateral lower extremities, insomnia, and constipation. Treatment to date has included physical therapy, status post spinal cord stimulator implant and then removal secondary to infection, status post morphine pump with subsequent complications including spinal fluid leak and subarachnoid hemorrhage bilaterally, status post staphylococcus infection lumbar spine, status post PICC line for IV antibiotics, status post gastric sleeve surgery and umbilical hernia repair (8/25/14), EMG/NCS lower extremities (9/23/14). On 12/30/14 Utilization Review MODIFY TENS unit, and non-certified Continue physical therapy twice a week for four weeks for the lumbar spine TO A "30-DAY TENS RENTAL and Retrospective request for final confirmation of urine drug test performed on 12/10/14. The MTUS and ODG Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain, pages 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has chronic low back condition and has received extensive conservative medical treatment to include chronic analgesics and other medication, extensive therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documentation on how or what TENS unit is requested, whether this is for rental or purchase, nor is there any documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit, there is no evidence for change in work status, increased in ADLs, decreased VAS score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS UNIT FOR LUMBAR SPINE (unspecified rental duration/purchase) is not medically necessary and appropriate.

**Continue physical therapy twice a week for four weeks for the 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 Therapy, pages 98-99.

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in

symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The request to Continue physical therapy twice a week for four weeks for the lumbar spine is not medically necessary and appropriate.

**Retrospective request for final confirmation of urine drug test performed on 12/10/14:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Urine Drug Screen Testing

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, page 43.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Retrospective request for final confirmation of urine drug test performed on 12/10/14 is not medically necessary and appropriate.