

<b>Case Number:</b>	CM15-0104665		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	04/18/2008
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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 32-year-old male, who sustained an industrial injury on 4/18/2008, as a result of cumulative trauma. He reported being injured on a day-to-day basis, due to repetitive movements, and a combination of work injuries that were not properly treated. The injured worker was diagnosed as having status post lumbar surgery x3, bilateral shoulder impingement clinically and chronic cervical/thoracic sprain/strain clinically. Treatment to date has included diagnostics, lumbar spinal surgeries (most recent in 2012), unspecified left hand/digit surgery, home exercise program, epidural injections, unspecified physical therapy, and medications. Currently, the injured worker complains of cervical spine pain, rated 8/10, with constant radiation to his upper back and bilateral shoulders, arms, and hands, associated with radicular symptoms. He reported lumbar pain, rated 9/10, with constant radiation to the bilateral legs and feet, associated with radicular symptoms. He reported right shoulder pain, rated 8-9/10, radiating to his neck and head, associated with radicular symptoms. His left shoulder pain was rated 7/10 and associated with radicular symptoms. His left hand pain was rated 8/10 with radiation to his palm and digits, associated with radicular symptoms. Left pinky and index digit pain was rated 8/10. He was not working. Alcohol consumption was daily. It was documented that it was several years since he participated in physical therapy and had access to a transcutaneous electrical nerve stimulation unit. He felt he had some relief from use of the device. The treatment plan included physical therapy for the lumbar spine (3x4) and purchase of a transcutaneous electrical nerve stimulation unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit plus supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**Decision rationale:** The patient presents on 05/14/15 with pain the cervical spine rated 8/10, lumbar spine pain rated 9-10/10 which radiates into the bilateral lower extremities, bilateral shoulder pain rated 7/10 (left) and 8-9/10 (right), left hand pain rated 8/10 and left pinky digit pain rated 8/10. The patient's date of injury is 04/18/08. Patient is status post unspecified lumbar spine surgeries (last in 2012), and unspecified surgery to the left hand and pinky (dated not provided). The request is for TENS unit plus supplies. The RFA is dated 05/14/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical spinous processes at C6-C7 levels, spinous processes at L4-L5 levels, and the subacromial region of the right shoulder. The provider also notes well-healed surgical incisions in the lumbar spine, and left wrist over the metacarpal/phalangeal and proximal interphalangeal joint spaces. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per progress note dated 05/14/15, patient is advised to return to work ASAP with restrictions. MTUS Chronic Pain Medical Treatment Guidelines, pg114-121, Criteria for the use of TENS states: "A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing 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." In this case, the provider is requesting a TENS unit for this patient's continuing lower back and wrist pain. However, there is no documentation of intent to perform a 30-day trial prior to purchase. Progress note dated 05/14/15 indicates that the patient trialed a TENS unit during previous physical therapy visits, and found it effective; though does not include documentation of a 30 day trial as required by MTUS. Were the request for a 30-day trial of the unit, the recommendation would be for approval. As there is no evidence of a successful 30-day trial performed previously, the request as written cannot be substantiated. Therefore, the request is not medically necessary.

**Physical Therapy 3x4 for the lumbar spine:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98, 99.

**Decision rationale:** The patient presents on 05/14/15 with pain the cervical spine rated 8/10, lumbar spine pain rated 9-10/10, which radiates into the bilateral lower extremities, bilateral

shoulder pain rated 7/10 (left) and 8-9/10 (right), left hand pain rated 8/10 and left pinky digit pain rated 8/10. The patient's date of injury is 04/18/08. Patient is status post unspecified lumbar spine surgeries (last in 2012), and unspecified surgery to the left hand and pinky (dated not provided). The request is for physical therapy 3x4 for the lumbar spine. The RFA is dated 05/14/15. Physical examination dated 05/14/15 reveals tenderness to palpation of the cervical spinous processes at C6-C7 levels, spinous processes at L4-L5 levels, and the subacromial region of the right shoulder. The provider also notes well-healed surgical incisions in the lumbar spine, and left wrist over the metacarpal/phalangeal and proximal interphalangeal joint spaces. The patient's current medication regimen was not provided. Diagnostic imaging was not included. Per progress note dated 05/14/15, patient is advised to return to work ASAP with restrictions. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. In regard to the request for 12 sessions of physical therapy for this patient's continuing lower back and wrist complaints, the provider has exceeded guideline recommendations. There is some indication that this patient has had physical therapy in the past, as progress note dated 05/14/15 references previous PT visits, though it does not appear that this patient has undergone any recent physical therapy. MTUS guidelines support 8-10 visits for complaints of this nature; the requested 12 sessions exceeds these recommendations. Were the request for 10 sessions of physical therapy the recommendation would be for approval, however the request as written exceeds guidelines and cannot be substantiated. Therefore, the request is not medically necessary.