

<b>Case Number:</b>	CM15-0105205		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	09/28/2012
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	05/01/2015
<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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 was a 55 year old female, who sustained an industrial injury, September 30, 2012. The injured worker previously received the following treatments physical therapy, TENS (transcutaneous electrical nerve stimulator) unit was trailed in physical therapy and noticed a 25% decrease in pain complaints with corresponding improvement in function in regard to sitting, standing and walking and lumbar spine MRI which showed no changes in the non-fused levels. The injured worker was diagnosed with lumbar back fusion of L5-S1 with decompression of L4-L5 and L5-S1. According to progress note of April 20, 2015, the injured worker's chief complaint was low back pain, neck, right shoulder and right upper extremity pain. The injured worker was having associated symptoms of numbness and tingling secondary to the cervical spine. The physical exam noted normal lumbar lordosis. The range of motion was well preserved. The straight leg raises were negative. The treatment plan included a gym membership to follow exercise taught in physical therapy and TENS (transcutaneous electrical nerve stimulator) unit (Nex-wave) and supplies.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 months gym membership:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders; <https://www.acoempracguides.org/> Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

**Decision rationale:** Decision for 6 months gym membership is not medically necessary. The CA MTUS guidelines as well as the Official Disability Guidelines does not provide a statement on gym membership. Page 99 of CA MTUS states physical therapy should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. For myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, neuralgia, neuritis, and radiculitis, unspecified (ICD-9 729.2) 8-10 visits over 4 weeks is recommended. The patient medical records notes prior physical therapy visits without long term benefit with 25% reduction in pain along with TENS unit. However, there is lack of documentation that the patient participated in active self-directed home physical medicine to maximize benefit during and immediately following physical therapy. Therefore, the request is not medically necessary.

**Nex wave with supplies (packages of electrodes and 9v batteries):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/> Low Back; Table 2, Summary of Recommendations, Low Back Disorders; <https://www.acoempracguides.org/> Chronic Pain; Table 2, Summary of Recommendations, Chronic Pain Disorders.

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

**Decision rationale:** Nex wave with supplies (packages of electrodes and 9v batteries) is not medically necessary. Nexwave incorporates IFC, TENS and NMES. According to the CA MTUS. TENS, chronic pain (transcutaneous electrical nerve stimulation) not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described. 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. (Carroll- Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. It was stated that the use of TENS unit

with physical therapy provided a 25% decrease in pain; however, there was lack of documentation of at least 50% reduction in pain or reduction in medicine. Continued use is not substantiated.