Case Number:	CM15-0108182		
Date Assigned:	06/12/2015	**Date of Injury:**	07/24/2014
Decision Date:	07/23/2015	**UR Denial Date:**	05/08/2015
Priority:	Standard	**Application Received:**	06/04/2015

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: New Jersey, Alabama, 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 is a 47-year-old male with an industrial injury dated 07/23/2014 resulting in injury to his neck, upper back, mid back, lower back, bilateral shoulders and left hips. His diagnoses included low back pain, thoracic pain, sprains and strains of lumbar region and sprains and strains of thoracic region. Comorbid diagnoses included hypertension, hepatitis C and cirrhosis. Prior treatment included physical therapy, inguinal hernia repair, open reduction and internal fixation of right ulnar fracture and medications. He presented on 04/28/2015 with complaints of pain in head, neck, upper back, mid back, lower back, bilateral shoulders and bilateral arms. He states neck pain radiates to bilateral upper extremities and lower back pain radiated down to left lower extremity. He reports numbness and tingling in bilateral arm, hands and legs. Pain was rated as 6/10 at the visit, 5/10 at its best and 9/10 at its worse. He stated it had been 6-7/10 in the past 7 days. In regards to functional limitations during the past month, the injured worker avoided exercising, performing household chores, participating in recreation and caring for himself because of his pain. Physical exam revealed a normal and steady gait without the use of any assistive device. There was no tenderness on exam of lumbar spine. Range of motion was decreased. Straight leg raise test and Patrick test were negative bilaterally. There was pitting edema in the bilateral lower extremities. His medications included Dulera inhaler, Furosemide, Norco, Pramipexole, Propranolol, Spironolactone, Trazodone and Zofran. The plan of treatment included physical therapy for thoracic and lumbar spine and TENS unit trial, MRI of thoracic spine, MRI of lumbar spine, ultrasound evaluation to left groin and inguinal ring, Dilaudid and modified duty. The injured worker was not working. The treatment request is for

physical therapy evaluation and treat 2 times a week for 6 weeks: Thoracic and lumbar back stabilization, core strengthening, stretch and strengthening program, aerobic conditioning and instruction in a home exercise program and TENS unit trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treat 2 times a week for 6 weeks: Thoracic & Lumbar back stabilization, Core strengthening, Stretch & Strengthening program, Aerobic conditioning, Instruction in a home exercise program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine 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 on the number, efficacy, and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 12 physical therapy sessions is not medically necessary.

TENS unit trial: 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 Page(s): 114-116.

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 postoperative 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 TENS unit trial is not medically necessary.