

<b>Case Number:</b>	CM15-0196527		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/30/2009
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 52 year old female patient, who sustained an industrial injury on August 30, 2009. The diagnoses include myofascial pain syndrome, knee pain, lumbar radiculopathy and lumbar sprain. Per the doctor's note dated 10/8/15, she had complaints of lumbar and right knee pain with some numbness in the right knee and the right foot. The physical examination revealed decreased range of motion of the back by 10% in all planes, bilateral lumbar paraspinal trigger points, decreased sensation in buttocks and tenderness over the right knee. According to physical therapy progress note of August 24, 2015 the patient met the goal for the right knee flexion. The ability to walk 45 minutes was partially met. The patient continued to have pain with extended walking. The patient was independent with a home exercise program the goal was met. The patient continued to have right knee pain. According to the progress note of September 3, 2015, the patient reported some relief from pain with physical therapy. The patient was experiencing lumbar spine and right knee pain with some numbness of the right knee and right foot. The patient was taking Advil for pain and it was not working. The physical exam revealed straight leg raises positive on the right with decreased range of motion of the back by 10% in all planes, decreased reflexes of the bilateral lower extremities. According the progress noted of June 19, 2015 the patient was receiving good benefit in helping with pain and allowing the patient to keep working full time duties. The patient did a trial with the therapist. The medications list includes Norco, Lidoderm patches 5%, Ibuprofen, and Macrobid. She had unspecified number of physical therapy visits for this injury. She had urine toxicology laboratory study in June 3, 2015 which was negative for any unexpected findings. The RFA (request for authorization) dated September

3, 2015; the following treatments were requested TENS (transcutaneous electrical nerve stimulator) unit pads, Urine drug screening, and physical therapy for the lumbar spine and right knee. The UR (utilization review board) denied certification on September 15, 2015; for TENS (transcutaneous electrical nerve stimulator) unit pads, Urine drug screening, and physical therapy for the lumbar spine and right knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TENS pads:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** TENS pads. According the cited guidelines, TENS is 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 below. 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. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use). Per the MTUS chronic pain guidelines, there is no high grade scientific evidence to support the use or effectiveness of electrical stimulation for chronic pain. The patient does not have any objective evidence of CRPS I and CRPS II that is specified in the records provided. Evidence of diminished effectiveness of medications or intolerance to medications is not specified in the records provided. Since the medical necessity of TENS unit is not established, the need for supplies for the TENS unit including the TENS pads is also not fully established in this patient. The request is not medically necessary.

**Urine drug screen:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Procedure Summary last updated 7/15/2015, Urine Drug Testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** Urine drug screen. Per the CA MTUS guideline cited above, drug testing is recommended as an option, using a urine drug screen to assess for the use or the

presence of illegal drugs. The medications included opioid-Norco. She has had a urine drug screen last on 6/03/15. It is medically necessary to perform a urine drug screen periodically to monitor the appropriate use of controlled substances in patients with chronic pain. The request of Urine drug screen is medically appropriate and necessary for this patient at this juncture.

**Physical therapy 2x a week for 4 weeks, lumbar, right knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Procedure Summary last updated 7/7/2015, Physical therapy guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Physical therapy 2x a week for 4 weeks, lumbar, right knee. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had an unspecified number of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Physical therapy 2x a week for 4 weeks, lumbar, right knee is not established for this patient at this time. The request is not medically necessary.