

<b>Case Number:</b>	CM15-0198032		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	01/09/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Pennsylvania

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:

The injured worker is a 33 year old female who sustained an industrial injury on 1-9-15. The injured worker reported discomfort in the low back and neck. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar spine sprain strain, lumbar facet arthropathy, lumbar radiculopathy, sacroiliac joint arthropathy and cervical spine sprain strain. Medical records dated 9-1-15 indicate pain rated at 7 out of 10. Provider documentation dated 9-1-15 noted the work status as working with restrictions. Treatment has included ice, rest, Percocet, Ativan, Norco, Tylenol number 3, Naproxen, Celebrex, Zanaflex, Flexeril and lumbar spine magnetic resonance imaging (6-25-15 and 2-27-15). Physical examination dated 9-1-15 was notable for cervical spine with tenderness to the cervical facets, suprascapular nerve area bilaterally and paracervical muscle spasm, lumbar spine with decreased range of motion and pain upon range of motion, pain noted to the midline spinous process at L4-5, L5-S1 and facets at L3- 4, L4-5 and L5-S1, facet loading positive right more than left, straight leg raise test positive, decreased sensation at L4 and L5 dermatomes. The original utilization review (9-22-15) partially approved a request for Physical therapy 2x a week for 4 weeks for the cervical and lumbar spine, NCS (nerve conduction studies) bilateral lower extremities and TENS unit for purchase.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x a week for 4 weeks for the cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** The recommended number of physical therapy sessions for myalgia is 9-10 visits over 8 weeks and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. Although passive modalities may be beneficial initially, the role of physical therapy is not to provide ongoing passive modalities for pain control but to establish an active home exercise program in which the patient can continue to maintain and improve function and pain control independently. Physical therapy beyond these guidelines should be supported by evidence of progress in physical therapy and a rational explanation of why excessive physical therapy is needed. According to a 2/18/15 progress report, the patient reported physical therapy did not help. A 4/3/15 progress note states that the patient reported that therapy had made the pain increase. The number of visits or other details regarding the previous physical therapy is not available. Based on the only available information regarding the previous physical therapy is that it did not help, additional physical therapy is not medically necessary or appropriate.

**NCS (nerve conduction studies) bilateral lower extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic Chapter Nerve Conduction Studies (NCS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back/Nerve conduction studies.

**Decision rationale:** The ODG does not recommend nerve conduction studies related to low back pain and states, "There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." If there is concern for lower extremity signs or symptoms other than on the basis of radiculopathy, it has not been documented in the medical record. Therefore, the NCS (nerve conduction studies) bilateral lower extremities are not medically necessary.

**TENS unit for purchase:** Upheld

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

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

**Decision rationale:** According to the MTUS 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 neuropathic pain, phantom limb pain, spasticity, and multiple sclerosis. Use of TENS in the treatment of low back pain is not included among the conditions for which TENS is recommended. The MTUS further states that although electro-therapeutic modalities are frequently used in the management of chronic low back pain, few studies were found to support their use. TENS does not appear to have an impact on perceived disability or long-term pain. There is no documentation in the available medical record of a one month trial of TENS to justify the purchase of a TENS unit.