

<b>Case Number:</b>	CM15-0025329		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	07/21/1989
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: Preventive Medicine, Occupational 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 68 year old, male patient, who sustained an industrial injury on 07/21/1989. A primary treating office visit dated 12/16/2014 reported the patient with subjective complaint of increased low back pain, mid back, upper back, chest and neck pains. Objective findings showed tenderness noted over the coccyx posterior iliac spine thoracolumbar junction left foot pain and numbness. Patient appears nervous, anxious and depressed. He is diagnosed with post lumbar laminectomy syndrome and cervical radiculopathy. A request was made for physical therapy session and a transcutaneous electronerve stimulating unit. On 01/09/2015, Utilization review, non-certified the request, noting the CA MTUS Chronic Pain Guidelines, transcutaneous electro nerve stimulator unit, Physical treatment & Manipulation were cited. The injured worker submitted an application for independent medical review of services.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 3 weeks for the cervical and lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Pages 58-60.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that 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. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS. Additional physical therapy is not medically necessary.

**TENS unit x1 unit (for the cervical and lumbar spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 ? 9792.26, Page 68.

**Decision rationale:** The MTUS does not recommend a TENS unit 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. There is no documentation that a trial period with a rented TENS unit has been completed. Purchase of a TENS unit is not medically necessary.