

<b>Case Number:</b>	CM15-0030651		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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:

This 39 year old woman sustained an industrial injury on 8/30/2011. The mechanism of injury is not detailed. Current diagnoses include bilateral carpal tunnel syndrome. Treatment has included oral medications. Physician notes on a PR-2 dated 1/12/2015 show increased hand pain with radiation to the shoulders. Recommendations include Lodine, Tylenol, Lidocaine patch, TENS unit, PT or DC, and a request to authorize cervical spine treatment. On 2/9/2015, Utilization Review evaluated prescriptions for a TENS unit, 18 sessions of physical therapy/occupational therapy, and unspecified cervical spine treatment, that were submitted on 2/18/2015. The UR physician noted the following: regarding the TENS unit, the body part to be treated is not mentioned, there is no documentation of failed treatments, and no functional goals of treatment detailed. Regarding physical or occupational therapy and cervical spine treatment, there is no documentation of past treatment results, it is not clear what the functional goals are, and it is not clear if the physical or occupational therapy is to be applied to the cervical spine, or if the cervical spine requires a different treatment. Further, there are no current diagnoses for the cervical spine. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 117.

**Decision rationale:** TENS unit is not medically necessary. Page 114 of MTUS states that a one month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to an evidence based functional restoration program. As it relates to this case TENS unit was recommended as solo therapy and not combined with an extensive functional restoration program. Additionally, the patient previously had physical therapy without documented benefit; therefore, the requested service is not medically necessary.

**Eighteen sessions of physical or occupational therapy, cervical spine treatment (unspecified):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Physical Medicine Guidelines.

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

**Decision rationale:** Eighteen sessions of physical or occupational therapy, cervical spine treatment is not medically necessary. 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 claimant's medical records indicated that he had prior physical therapy visits without documented benefit. Additionally, there is lack of documentation that the claimant participated in active self-directed home physical medicine to maximize his benefit with physical therapy; therefore, the requested service is not medically necessary.