

<b>Case Number:</b>	CM15-0035045		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	01/02/2015
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Arizona, 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:

The injured worker is a 36 year old male, who sustained an industrial injury on January 2, 2015. The diagnoses have included spasm of muscle, osteomyelitis and lumbar region sprain. Treatment to date has included physical therapy, medication and home exercise program. Currently, the injured worker complains of right upper back and scapular pain. He also reports low back pain. The upper back pain is rated a 7 on a 10-point scale. On examination the injured worker had tenderness to palpation of the thoracolumbar spine and paravertebral musculature. He exhibited a restricted rom and noted throbbing pain in the mid back which radiated to the shoulder neck and causes dizziness. On February 19, 2015 Utilization Review non-certified a request for meds four unit with garment and modified a request for twelve sessions of physical therapy of the lumbar spine, noting that the Meds 4 unit with garment as a form-fitting TENS unit is only considered medically necessary when there is documentation that there is a large area that requires stimulation that a conventional system cannot accommodate, that the injured worker has a medical condition which prevents the use of a traditional system or if the TENS unit is to be used under a cast. The California Medical Treatment Utilization Schedule was cited. UR determined that the criteria are not met. With regard to the request for physical therapy, UR notes that the request is modified to allow for transition to a home exercise program. On February 24, 2015, the injured worker submitted an application for IMR for review of meds four unit with garment and twelve sessions of physical therapy of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Meds 4 Unit with Garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

**Decision rationale:** According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. In addition a Med 4 unit is a TENS unit intended to be used over cast or whole body. The length of use was not specified. The request for a Meds 4 unit is not medically necessary.

**Physical Therapy 3 times a week for 4 weeks Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

**Decision rationale:** According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to three visits per week to one or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant had already received 12 sessions of therapy and did not have recent surgery. Consequently, additional therapy sessions are not medically necessary.