

<b>Case Number:</b>	CM15-0036195		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 36 year old male, who sustained an industrial injury on January 7, 2013. He has reported injury to his lower back. The diagnoses have included low back pain and lumbar myofascial pain. Treatment to date has included diagnostic studies, TENS unit, physical therapy and medications. On January 27, 2015, the injured worker complained of ongoing back pain with radicular symptoms. He stated that the majority of his pain is localized to the lower back. He reported that his medications bring his pain down from a 10/10 on the pain scale down to a 5 on the 1-10 pain scale. He reported using his TENS unit on a daily basis and it was noted to be helpful. On February 17, 2015, Utilization Review non-certified 8 physical therapy sessions to the lumbar spine 2x a week for 4 weeks to be done after Botox injection, Botox 400 units injection to the lumbar spine and retrospective request for TENS unit pads two sets to the lumbar spine dispensed on 01/27/2015, noting the CA MTUS Guidelines. On February 26, 2015, the injured worker submitted an application for Independent Medical Review for review of 8 physical therapy sessions to the lumbar spine 2x a week for 4 weeks to be done after Botox injection, Botox 400 units injection to the lumbar spine and retrospective request for TENS unit pads two sets to the lumbar spine dispensed on 01/27/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 physical therapy sessions to the lumbar spine two times a week for four weeks to be done after the botox injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 130.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. The injured worker has been injured for two years. Prior physical therapy and the status of a home exercise program is not reported. This request is specifically for physical therapy following Botox injections which is a treatment that is determined to not be medically necessary for this injured worker's low back pain. The request for 8 physical therapy sessions to the lumbar spine two times a week for four weeks to be done after the botox injection is determined to not be medically necessary.

**Retrospective request for tens unit pads two sets to the lumbar spine dispensed on 1/27/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 145.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy section Page(s): 114-116.

**Decision rationale:** The use of TENS for chronic pain is not recommended by the MTUS Guidelines as a primary treatment modality, but a one-month home-based TENS trial may be considered if used as an adjunct to a program of evidence-based functional restoration in certain conditions. A home based treatment trial of one month may be appropriate for neuropathic pain and CRPS II and for CRPS I. There is some evidence for use with neuropathic pain, including diabetic neuropathy and post-herpetic neuralgia. There is some evidence to support use with phantom limb pain. TENS may be a supplement to medical treatment in the management of spasticity in spinal cord injury. It may be useful in treating MS patients with pain and muscle spasm. The criteria for use of TENS include chronic intractable pain (for one of the conditions noted above) with documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one month trial period of the TENS unit should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used as well as outcomes in terms of pain relief and function, and a treatment plan including specific short and long term goals of treatment. The medical records indicate that the injured worker is

using TENS unit, but continued benefit with use of TENS, how it is use, and specific short and long term goals with continued use of TENS are not addressed. The request for retrospective request for tens unit pads two sets to the lumbar spine dispensed on 1/27/2015 is determined to not be medically necessary.

**Botox 400 units injection to the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 189.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin section Page(s): 25, 26.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The medical records indicate that the injured worker has chronic low back pain and is diagnosed with lumbar myofascial pain. The use of Botox injection is no recommended for myofascial pain. The request for Botox 400 units injection to the lumbar spine is determined to not be medically necessary.