

<b>Case Number:</b>	CM15-0042916		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	03/18/2010
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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: Utah, Arkansas  
 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 56 year old male, who sustained an industrial injury on 03/18/2010. The injured worker is currently diagnosed as having cervical degenerative intervertebral disc, lumbar degenerative intervertebral disc, thoracic/lumbosacral neuritis, and chronic pain due to trauma. Treatment to date has included MRI of lumbar spine, physical therapy, and medications. In a progress note dated 02/16/2015, the injured worker presented with complaints of chronic pain in the neck, lower back, legs, arms, and bilateral hands. The treating physician reported requesting a pain specialist referral and water physical therapy 12 visits to start on a water exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Review DOS 10/09/14 through 10/29/14 8 Aquatic Therapy Visits:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page 22.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Aquatic therapy. There is indication for aquatic therapy for the back. The patient has significant tenderness in the back and discomfort with standing for long periods of time. According to the clinical documentation provided and current MTUS guidelines; Aquatic therapy is indicated as a medical necessity to the patient at this time.

**Retro Review DOS 10/09/14 through 10/29/14 Electrical Stimulation:** 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).

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

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for TENS unit. MTUS guidelines state the following: Not recommended as a primary treatment modality. While TENS may reflect the long standing accepted standard of care within many medical communities, the results of studies are inconclusive, the published trials do not provide parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Several studies have found evidence lacking concerning effectiveness. The patient does not meet the diagnostic criteria at this time. According to the clinical documentation provided and current MTUS guidelines; A TENS unit is not indicated as a medical necessity to the patient at this time.