

<b>Case Number:</b>	CM15-0089182		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 45 year old female, who sustained an industrial injury on 07/18/2014. She has reported injury to the low back. The diagnoses have included low back pain; lumbar spinal stenosis with disc herniation at L5-S1; and right L5 radiculopathy. Treatment to date has included medications, diagnostics, cane, physical therapy, and home exercise program. Medications have included Ibuprofen, Tramadol, Lyrica, Flexeril, and Tizanidine. A progress note from the treating physician, dated 03/02/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of she has just finished 8 visits of physical therapy; she feels that it has been a great benefit and she has had increased strength in her right leg; she is doing the home exercises, but these are somewhat painful; she had used the TENS unit while at physical therapy; her pain is in her low back and it goes down the right leg and foot; the pain is both constant and intermittent; it is described as sharp, achy, stabbing, burning, and cramping; the pain has affected her activities of daily living; she is currently working part-time status; and the pain is better when she reclines in a chair or with the use of medications. Objective findings included palpable tenderness throughout the lower lumbar spine; decreased lumbar flexion and extension; and distal neurovascular exam is grossly intact. The treatment plan has included the request for physical therapy, lumbar spine, 8 sessions, 2 times per week for 4 weeks; and TENS (transcutaneous electrical nerve stimulation) unit, rental, unspecified number of days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Lumbar Spine, 8 sessions, 2 times per wk for 4 wks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** Physical Therapy, Lumbar Spine, 8 sessions, 2 times per wk for 4 wks is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had 8 prior PT sessions recently. The patient should be versed in a home exercise program. There are no extenuating factors which would necessitate 8 more supervised therapy visits therefore this request is not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) unit, rental, unspecified number of days:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

**Decision rationale:** TENS (transcutaneous electrical nerve stimulation) unit, rental, unspecified number of days is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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. The request does not specify a number of days for this rental and the MTUS only recommends a one month trial period therefore this request is not medically necessary.