

<b>Case Number:</b>	CM14-0148290		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	08/22/2013
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient sustained an injury on 8/22/13 while employed by [REDACTED]. Request(s) under consideration include Physical Therapy three (3) times a week for four 4 weeks for back, Naproxen Sodium 550mg, and TENS Unit. Diagnoses include Lumbar radiculopathy; gastropathy; Anxiety. EMG/NCS of 4/4/14 showed mild right CTS of sensory component. MRI of cervical spine showed multilevel 1-3 mm disc protrusion with indentation of thecal sac without evidence of neural foraminal narrowing or canal stenosis. Conservative care has included medications, therapy, and modified activities/rest. Report of 8/20/14 from the provider noted the patient with chronic symptoms without significant improvement from last exam. The patient continues with shoulder and neck pain with reported stiffness; it was noted therapy helped tremendously in range with noted improvement from TENS use via therapy visits. Exam showed unchanged limited range of motion; positive SLR (straight leg raise); and diminished sensation over L5 dermatomes bilaterally. Previous Peer review had recent certification of PT for 8 sessions on 7/11/14 and certification of Naproxen on 5/30/14, 6/25/14, and 8/11/14. The request(s) for Physical Therapy three (3) times a week for four 4 weeks for back and Naproxen Sodium 550mg were non-certified, and TENS Unit was modified for 30-day home rental trial on 8/28/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy three (3) times a week for four 4 weeks for the back: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM (range of motion), strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptoms or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy three (3) times a week for four 4 weeks for back is not medically necessary and appropriate.

**Naproxen Sodium 550mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Naproxen Sodium 550mg is not medically necessary and appropriate.

**TENS Unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, TENS for chronic pain Page(s): 114-117.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, ongoing treatment is not advisable if there are no signs of objective progress and functional restoration has not been demonstrated. Specified criteria for the use of TENS Unit include trial in adjunction to ongoing treatment modalities within the functional restoration approach as appropriate for documented chronic intractable pain of at least three months duration with failed evidence of other appropriate pain modalities tried such as medication. From the submitted reports, the patient has received extensive conservative medical treatment to include chronic opiate analgesics and other medication, extensive physical therapy, activity modifications, yet the patient has remained symptomatic and functionally impaired. There is no documented short-term or long-term goals of treatment with the TENS unit. Although the patient has utilized the TENS unit in therapy along with recent 1-month trial, there is no evidence for change in work status, increased in ADLs (activity of daily living), decreased VAS (visual analog scale) score, medication usage, or treatment utilization from the TENS treatment already rendered. The TENS Unit not medically necessary and appropriate.