

<b>Case Number:</b>	CM14-0165524		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	09/22/2006
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 60 year old female with a date of injury on 9/22/2006. Diagnoses include headaches, cervical spine radiculopathy, lumbar radiculopathy, bilateral wrist/hand internal derangement, and adjustment disorder. Subjective complaints are of constant headaches, neck pain radiating to the arms, and low back pain radiating to the legs. Physical exam shows decreased cervical, lumbar, and wrist range of motion. Treatment has included medications and certification of 6 chiropractic visits. Medications include Tramadol, Ambien, gabapentin, omeprazole, Norco, and Terocin patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a TENS (Transcutaneous Electrical Nerve Stimulation) unit and supplies times 30 days trial:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-11.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-122.

**Decision rationale:** CA MTUS guidelines for TENS use include chronic pain longer than 3 months, evidence that conservative methods and medications have failed, if used as an adjunct to

a program of evidence-based functional restoration, and a one month trial of TENS use with appropriate documentation of pain relief and function. For this patient, inadequate pain control has been noted with prior treatment and medication. Furthermore, a one month trial of TENS is recommended by guidelines. Therefore, the medical necessity of a one month TENS trial is established.

**Physical therapy 2 times a week for 4 weeks, qty: 8:** 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:** The ODG and CA MTUS recommends allowance for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy (PT). The ODG recommends 9 visits over 8 weeks for Cervicalgia and low back pain. Submitted records do not identify prior physical therapy. Documentation is not present that indicates specific deficits for which additional formal therapy may be beneficial at this point in the chronic nature of this patient's complaints. Furthermore, the patient was certified for chiropractic care, which would make the request for physical therapy redundant at this time. Therefore, the request for 8 physical therapy sessions is not medically necessary at this time.