

<b>Case Number:</b>	CM14-0097982		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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:

The patient is a 50 years old female with an injury date on 03/30/2013. Based on the 06/05/2014 progress report provided by [REDACTED], the diagnoses are: Lumbar muscle strain and Lumbar radiculopathy According to this report, the patient complains of low back pain that this "mildly worst." Pain is rated as a 4/10 at rest and as a 7/10 with activities. Bending, twisting, heavy pushing would aggravate the pain. Motrin and TENs units help alleviates the pain. Numbness and tingling down the bilateral lateral thigh are noted. Physical exam reveals spasm and tenderness at the lumbar paraspinals muscle, bilaterally. Muscle strength of the lower extremity is a 4/5. There were no other significant findings noted on this report. The utilization review denied the request on 06/10/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 01/08/2014 to 06/26/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy two times a week for four weeks for Lumbar Spine:** Overturned

**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 Medicine.

**Decision rationale:** According to the 06/05/2014 report by [REDACTED] this patient presents with low back pain that this "mildly worst." The provider is requesting 8 sessions of physical therapy for the lumbar spine. The utilization review denial letter state "the claimant had unknown amount of prior sessions of PT." For physical medicine, the MTUS guidelines recommend for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of available records show an initial physical therapy evaluation dated 06/12/2014. The reports show that the patient has an exacerbation of the low back pain recently. Given the patient's symptom had flared-up with no prior therapy; the requested 8 sessions of physical therapy appear reasonable and consistent with the guidelines. Therefore, this request is medically necessary.

**Replacement pads for the TENS Unit at home:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Transcutaneous electrotherapy and (ODG) Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, chronic pain (transcutaneous electrical nerve stimulation).

**Decision rationale:** According to the 06/05/2014 report by [REDACTED] this patient presents with low back pain that this "mildly worst." The provider is requesting replacement pads for the TENS unit at home. Per provider, "Patient uses TENS unit at home 2-3 times per day with good relief but needs new pads," and "TENS units help alleviates the pain." Regarding TENS units, the MTUS guidelines state "not recommended as a primary treatment modality, but a one-month home-based unit trial may be considered as a noninvasive conservative option" and may be appropriate for neuropathic pain. Review of the reports show that the patient does present with neuropathic pain. Given that the TENS unit has been beneficial to the patient, the requested replacement pads appears reasonable. Therefore, this request is medically necessary.