

<b>Case Number:</b>	CM14-0211675		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	03/28/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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, District of Columbia  
Certification(s)/Specialty: Internal 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 employee was a 60 year old male who sustained an industrial injury on 03/28/13. He was being treated for degenerative spondylolisthesis L3-L4 with spinal stenosis L3-L4 and L4-L5. His prior treatment included prior C5-C6 anterior cervical decompression and fusion, physical therapy, medications, oral steroids and L3-4 transforaminal nerve block. His history was significant for lumbar laminectomy and partial medial facetectomies at L3-L4 and L4-L5 on 10/03/14. The progress note from 11/17/14 was reviewed. He was making steady progress. He was walking better. His leg pain had resolved. He was still sore in the back. The plan of care included TENS unit that was helping him and physical therapy. The request was for postoperative physical therapy 3 times a week for four weeks and TENS unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Postoperative physical therapy, 3 times weekly, lumbar spine QTY: 12.00:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

**Decision rationale:** The employee was a 60 year old male who sustained an industrial injury on 03/28/13. He was being treated for degenerative spondylolisthesis L3-L4 with spinal stenosis L3-L4 and L4-L5. His prior treatment included prior C5-C6 anterior cervical decompression and fusion, physical therapy, medications, oral steroids and L3-4 transforaminal nerve block. His history was significant for lumbar laminectomy and partial medial facetectomies at L3-L4 and L4-L5 on 10/03/14. The progress note from 11/17/14 was reviewed. He was making steady progress. He was walking better. His leg pain had resolved. He was still sore in the back. The plan of care included TENS unit that was helping him and physical therapy. The request was for postoperative physical therapy 3 times a week for four weeks and TENS unit. According to MTUS guidelines, upto 16 visits of physical therapy are recommended over 8 weeks in patients after discectomy or laminectomy. The employee had recent laminectomy with improved pain. Gait was slowly improving and he needed therapy for core stabilization. The request was medically necessary and appropriate.

**Continue TENS unit, unspecified if rental or purchase:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TENS

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

**Decision rationale:** The employee was a 60 year old male who sustained an industrial injury on 03/28/13. He was being treated for degenerative spondylolisthesis L3-L4 with spinal stenosis L3-L4 and L4-L5. His prior treatment included prior C5-C6 anterior cervical decompression and fusion, physical therapy, medications, oral steroids and L3-4 transforaminal nerve block. His history was significant for lumbar laminectomy and partial medial facetectomies at L3-L4 and L4-L5 on 10/03/14. The progress note from 11/17/14 was reviewed. He was making steady progress. He was walking better. His leg pain had resolved. He was still sore in the back. The plan of care included TENS unit that was helping him and physical therapy. The request was for postoperative physical therapy 3 times a week for four weeks and TENS unit. The Chronic Pain Guidelines indicate that TENS units can be used in the treatment of chronic intractable pain in individuals who have failed to improve with other appropriate pain modalities including analgesic medications. There has to be documentation of pain for at least three months duration. There has to be evidence that other pain modalities have been tried and failed. There has to be documentation of one month trial period of the TENS unit with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. A treatment plan including short and long term goals of treatment should be submitted. The employee had low back discomfort after surgery. He had improvement with TENS unit. He had decreased use of medications according to the progress note. Hence the request for electrical stimulation unit is medically necessary and appropriate.

