

<b>Case Number:</b>	CM15-0008816		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old female with an industrial injury dated 07/16/2012. On 11/18/2014 the injured worker presented for follow up for low back pain with left lower extremity symptoms. The provider notes recent physical therapies of lumbar spine has helped decrease pain and improve tolerance to activity. Medications at current dosing regimen helps the injured worker to do grocery shopping, very basic necessary household duties, bathing, grooming and preparation of food and cooking. It also facilitates maintenance of recommended exercise level as well as reasonable activity level. The provider notes the patient provides examples of objective improvement including greater range of motion and improved tolerance to exercise and activity. Physical findings noted tenderness in lumbar spine. Range of motion was flexion 60 degree, extension 40 degree, left and right lateral tilt 40 degree and left rotation 40 degree. Diagnoses were protrusion lumbar 5-sacral 1 with left lumbar radiculopathy, electro diagnostically positive. Treatment recommendations at that time included additional physical therapy for the lumbar spine 3 times per week for 4 weeks. A request for a 30 day TENS trial and an LSO brace was also recommended. The Request for Authorization form was then submitted on 01/02/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Physical Therapy sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. There is no specific body part listed in the current request. Additionally, there was no evidence of significant functional improvement following the initial course of treatment. Given the above, the request is not medically appropriate.

**1 TENS 30 day trial:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality, but a 1 month trial may be considered as a noninvasive conservative option. There should be documentation of a failure of other appropriate pain modalities including medication. A 1 month trial should be documented with evidence of how often the unit was used, as well as outcomes in terms of pain relief and function. There was no documentation of a failure of other appropriate pain modalities prior to the initiation of a 30 day TENS trial. Given the above, the request is not medically appropriate at this time.