

<b>Case Number:</b>	CM15-0018154		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	03/23/2001
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 61 year old male who sustained an industrial injury on 3/23/01. He currently complains of mild back pain. The pain does radiate to the thigh area and has dysfunction of lower extremities causing him to fall. He has had L3-S1 fusion but the screws did not take and he has pain with movement. Further surgery has been denied. He cannot tolerate Vicodin or non-steroidal anti-inflammatories. He currently takes Dilaudid, hydromorphone and hydroxyzine. Treatments to date include physical therapy which has helped with lower extremity strengthening and left lumbar trigger point injection with noted improvement. Diagnoses include low back pain; lumbar disc degeneration; postlaminectomy syndrome (lumbar) and lumbosacral radiculopathy. Diagnostics were computed tomography of the lumbar spine showing surgical changes. Progress note dated 12/8/14 indicates a request for further physical therapy to prevent falls and transcutaneous electrical nerve stimulator unit for the low back. On 12/30/14 Utilization review non-certified the request for physical therapy 2X12 for the low back and transcutaneous electrical nerve stimulator unit citing MTUS: Chronic Pain Medical treatment Guidelines: Physical Medicine: Low Back and MTUS: Chronic Pain medical treatment Guidelines: Transcutaneous electrotherapy respectively.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy 2 times a week for 12 weeks to the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 63-64.

**Decision rationale:** Guidelines state that physical therapy should be continued if there is objective evidence of functional benefit. According to the records, the patient improved with physical therapy and the patient's gait is improved. The records do not show additional functional improvement from previous physical therapy sessions such as increased ADLs or reduced work restrictions. In addition, the prior sessions of physical therapy should have provided time to transition the patient into a home exercise program. Additional physical therapy sessions are not medically necessary and appropriate.

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73-74.

**Decision rationale:** Guidelines state that TENS unit is indicated for treatment of chronic intractable pain of at least 3 months duration, if other pain modalities have failed, and should be trialed for a one month period with documentation of frequency of use and outcomes in function and pain relief. TENS is not recommended as an isolated therapeutic intervention. In this case, the patient has improved with physical therapy and medications. Since other pain treatment modalities have been successful, the TENS unit is not medically necessary or appropriate.