

<b>Case Number:</b>	CM15-0120250		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	09/12/2014
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60-year-old male patient who sustained an industrial injury on 09/12/2014. A radiography report dated 03/30/2015 reported a magnetic resonance imaging study with findings of normal lower cord, the conus and cauda equine. No intradural mass lesion. No central canal stenosis. There is significant degenerative change of discovertebral complex, facet joints and the interspinous articulations; protruding discs with hypertrophy of ligamentum flavum causing narrowing of neural foramina from L2-3 down to L4-5. The most stenotic changes are noted bilaterally at L4-5. A progress note dated 01/05/2015 reported some general improvement in the cervical pain. The pain in the upper back is showing a slight improvement. The lumbar pain has remained unchanged. There is also continued slight improvement in the buttocks area pain also. The plan of care showed the patient continuing with acupuncture, application of cold pack therapy. Treating diagnoses were listed as lumbar spine plexus disorder; injury, lumbar nerve root; injury sacral nerve root; injury lumbosacral nerve root; lumbar strain/sprain; thoracic neuritis or radiculitis and neck strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tens unit 30 day trial #1 for low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines transcutaneous Electrical Nerve Stimulation Page(s): 114-116.

**Decision rationale:** According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Therefore, the prescription of Tens unit 30 day trial #1 for low back is not medically necessary.

**Physical therapy 2 times a week for 3 weeks low back:** Upheld

**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 Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)" The patient underwent physical therapy without clear documentation of efficacy. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 6 physical therapy sessions for the low back is not medically necessary.

