

<b>Case Number:</b>	CM15-0090573		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/01/2011
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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, Indiana, New York  
 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 injured worker is a 64 year old female, who sustained an industrial injury on August 1, 2011. She reported severe neck pain, shoulder pain, lower back pain, and bilateral leg pain due to carrying heavy boxes with files. The injured worker was diagnosed as having status post lumbar spine discectomy, lumbar spine herniated nucleus pulposus (HNP), and lumbar spine radiculopathy. Treatment to date has included behavioral therapy, lumbar surgery, MRIs, electromyography (EMG)/nerve conduction study (NCS), physical therapy, acupuncture, lumbar epidural steroid injection (ESI), and medication. Currently, the injured worker complains of anxiety, depression, and loss of sleep, stomach pain, lower back pain, bilateral shoulder pain, neck pain, left calf pain, left foot pain, bilateral arm pain, and bilateral calf pain. The Primary Treating Physician's report dated April 6, 2015, noted the injured worker's lumbar spine tender with muscle spasms at levels L1-L5 with positive bilateral straight leg raise. The treatment plan was noted to include a request for authorization for physical therapy twice a week for four weeks, and a spine consultation, with the injured worker's current medication listed as Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for the left shoulder (2x8): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy left shoulder two times per week times eight weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post lumbar spine discectomy; lumbar spine herniated nucleus pulposus; and lumbar spine radiculopathy. Documentation from an April 6, 2015 does not contain subjective or objective complaints referencing the left shoulder. The treatment plan requests physical therapy two times per week times four weeks. A progress note dated April 27, 2015 (request authorization date April 24, 2015) does not contain specific subjective complaints referable to the left shoulder. The documentation indicates there is constant neck pain radiating downward to the left shoulder. Objectively, left shoulder as positive impingement. There is no range of motion or other details with objective findings. The treatment plan does not contain a request for physical therapy. There is no clinical indication or rationale for left shoulder physical therapy. Additionally, an agreed-upon medical examination (AME) was performed on January 12, 2015. The provider recommendation based on MRI of the shoulder and MRI of the cervical spine was no further physical therapy is required. Consequently, absent clinical documentation with a clinical indication and rationale for physical therapy and non-recommendations for physical therapy according to the AME, physical therapy left shoulder two times per week times eight weeks is not medically necessary.

**One month home trial of a Prime Dual Neurostimulator with supplies (TENS/EMS Unit/Neuromuscular electrical stimulator): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation) Page(s): 113-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section; TENS Unit, Electric Neuromuscular Stimulator.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, one month home trial of prime dual neurostimulator with supplies (TENS- EMS) unit neuromuscular electrical stimulator is not medically necessary. Neuromuscular electrical stimulation (NMES devices) are not recommended. NMES is primarily used as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain

treatment should be documented during the trial including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are status post lumbar spine discectomy; lumbar spine herniated nucleus pulposus; and lumbar spine radiculopathy. Documentation from an April 6, 2015 does not contain subjective or objective complaints referencing the left shoulder. The treatment plan requests physical therapy two times per week times four weeks. A progress note dated April 27, 2015 (request authorization date April 24, 2015) does not contain specific subjective complaints referable to the left shoulder. The documentation indicates there is constant neck pain radiating downward to the left shoulder. Objectively, left shoulder as positive impingement. There is no range of motion or other details with objective findings. The treatment plan does not contain a request for physical therapy. There is no clinical indication or rationale for left shoulder physical therapy. There is no documentation in the medical record for one-month home trial of prime dual neurostimulator with supplies (TENS-EMS) neuromuscular electrical stimulator. There is no clinical indication or rationale for one-month home trial of prime dual neurostimulator with supplies (TENS-EMS) neuromuscular electrical stimulator. Consequently, absent clinical documentation with a clinical indication and rationale, one month home trial of prime dual neurostimulator with supplies (TENS-EMS) unit neuromuscular electrical stimulator.