

<b>Case Number:</b>	CM14-0103134		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	06/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old female with a 4/17/12 date of injury. The mechanism of injury occurred when she picked up her employer's wheelchair to put it into a vehicle; she felt severe muscle strain in her lower back. According to a progress report dated 7/24/14, the patient stated she has never recovered from her low back injury in 2012. The objective findings included tenderness of low back, limited range of motion due to pain, pain and sharp sensation is normal. The diagnostic impression included mechanical low back pain. The treatment to date includes: medication management, activity modification, massage therapy, physical therapy, surgery, transcutaneous electrical nerve stimulation (TENS) unit. A UR decision dated 6/23/14 denied the requests for physical therapy x6 for the low back, purchase of TENS unit, and Voltaren gel. Regarding physical therapy, there is no documented symptomatic or functional improvement from previous therapy sessions. Regarding purchase of TENS unit, there is no report of functional benefit from electrical stimulation under the supervision of a licensed physical therapist. Regarding Voltaren gel, there is no documentation of the patient's intolerance of similar medications to be taken on an oral basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Physical Therapy times six(6) for the low back:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines General Approaches Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6: Pain, Suffering, and the Restoration of Function, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** The California MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. The physical medicine guidelines allow for fading of treatment frequency. It is documented that the patient has had physical therapy treatment in the past; however, it is unclear how many sessions she has had previously. The ODG guidelines support up to 10 visits over 8 weeks for lumbar sprains and strains. There is no documentation of functional improvement or gains in activities of daily living from the prior physical therapy sessions. In addition, it is documented that physical therapy has failed in several progress notes. It is unclear why the patient has not been able to transition to an independent home exercise program at this time. Therefore, the request for outpatient physical therapy times six (6) for the low back was not medically necessary.

**Purchase of TENS Unit:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. It is documented in a 12/31/13 report that the patient has benefited from the use of a TENS unit, it has decreased her low back pain from 7/10 before treatment to 4/10 after treatment. However, there is no documentation of how often the unit was used and no documentation of the specific short- and long-term goals with the use of the TENS unit. Therefore, the request for purchase of TENS unit was not medically necessary.

**Voltaren 1% topical gel:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anti-inflammatory gel.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

**Decision rationale:** The California MTUS states that Voltaren Gel is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist); and has not been evaluated for treatment of the spine, hip or shoulder. There is no documentation that the patient's pain has an arthritic component. In addition, there is no documentation that the patient is unable to tolerate an oral NSAID. In fact, the patient's medication regimen consists of several oral medications. Therefore, the request for Voltaren 1% topical gel was not medically necessary.