

<b>Case Number:</b>	CM13-0012808		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	07/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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 Internal Medicine 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:

The injured worker (IW) is a 37-year-old woman who sustained an industrial injury while performing his regular and customary duties. On January 18, 2013, he was lifting boxes weighing approximately 80 pounds and placing them on a table when he began to develop neck and back pain. He continued working for a while but his pain gradually got worse. Pursuant to progress notes dated March 31, 2014 and April 29, 2014, the IW had x-rays of his back, which revealed no fractures or dislocations. Medication was prescribed at that time. He was also provided a back brace. Physical therapy was recommended and he returned to work with light duties. During subsequent follow-up visits, the IW participated in physical and chiropractic therapies. Diagnostic studies were performed in the form of MRI of the cervical and lumbar spine, left shoulder, and EMG/NCV of the bilateral lower extremities. He was referred to an occupational pain management specialist for consultation. Progress noted dated March 31, 2014 indicated that the IW has reached maximum medical improvement due to lack of authorization for further care. The IW complains of pain in the lower back with radicular left leg pain rated 9/10. The IW states that his ability to perform activities of daily living has somewhat improved. MRI of the lumbar spine dated May 10, 2013 reveals T11-12, a 5.0 mm disc protrusion; L3-4, a 3.8 mm disc bulge; L4-5, a 4.0 mm disc bulge; and L6-S1 bilateral facet arthrosis and mild bilateral neural foraminal narrowing. EMG/NCV of the bilateral lower extremities reveal normal nerve conduction studies, and abnormal electromyography. The findings are suggestive of bilateral chronic active L5-S1 radiculopathy. The noted dated 10/09/13 recommend pool therapy treatments, home exercises including stretching, and medications. Follow-up report dated November 20, 2013 report diagnoses of lumbar spine discopathy, and left lower radiculitis. Recommendation remained the same at that time.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continued Physical Therapy for the Lumbar Spine 1 time per week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**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); Physical Medicine

**Decision rationale:** The guidelines recommend physical therapy. Passive therapy (those modalities that do not require energy expenditure on participation) can provide short-term relief. Active therapy is based on the philosophy that therapeutic exercise and or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion picture alleviate discomfort. In this case, a review of the progress notes from March 2014 and April 29 of 2014 showed diagnoses of lumbar discopathy and left lower extremity radiculitis. There is no discussion of physical therapy recommendations, indications for physical therapy or benefit from physical therapy in the plan. Additionally, the injured worker has received medications and prior physical therapy. The progress note dated March 13, 2014 states on page 4 out of 12 "the patient has reached maximum medical improvement due to lack of authorization for further care. The patient is now ready for final impairment rating". Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, Physical Therapy one time per week for six weeks is not medically necessary.

**Pain Management Consult for the Lumbar Spine with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Glass LS, Blais BB Genovese E. Goertz M. Harris JS, Hoffman H. et al (eds), OMPG, Evaluation and Management of Common Health Problems and Functional Recovery in Workers, 2nd Edition. Beverly Farms, MA: OEM Health Information Press, 2004, Chapter 7, Independent Medical Examinations and Consultations, page 127

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Office Visits

**Decision rationale:** Consultations are recommended as determined to be medically necessary. Evaluation and management visits play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. Consultations are based upon a review of the patient's concerns, signs and symptoms, clinical stability, reasonable physician judgment, what medications the patient is taking and discretion require close monitoring. In this case, pursuant to two progress notes, one dated March 13, 2014 and the second dated April 29, 2014, there is no indication or discussion that involves a consultation to a pain management consultant. The progress note dated March 13, 2014 states on page 4 out of 12 "the patient has reached maximum medical improvement due to lack of authorization for further care. The patient

is now ready for final impairment rating". Consequently, there is no indication for pain management consultant. Based on the clinical information in the medical record of the peer-reviewed evidence-based guidelines for Pain Management Consultant is not medically necessary.

**TENS Unit for Home use for the Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-115.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); TENS, Chronic use

**Decision rationale:** According to the guidelines TENS unit is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option. In this case, the medical record pursuant to the March 13, 2014 progress note indicates the patient "has reached maximum medical improvement due to lack of authorization for further care. The patient is now ready for final impairment hearing. Additionally, a one-month TENS trial would be considered however the request vaguely states "TENS unit for home use for the lumbar spine". The injured worker has received physical therapy and appropriate medications to date and there is no indication set forth in the medical record meeting criteria for Tens unit. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the TENS unit is not medically necessary.