

<b>Case Number:</b>	CM13-0014928		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	08/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### 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 Occupational 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 patient is a 40-year female with unknown mechanism of injury. Prior treatment has included several sessions of pool therapy. The patient underwent lumbar spine discectomy on 03/22/2012; post laminectomy in 01/2012 as documented on MRI report dated 01/06/2012. Diagnostic studies reviewed include electrodiagnostic studies dated 04/12/2013 reveals solid evidence of S1 abnormality on the right. The studies suggest L5 axonal loss on the right side; L5-S1 lumbar radiculopathy on the right side. X-rays of the lumbar spine in 4 views dated 08/29/2012 demonstrates levocurvature with degenerative disk disease. There is no obvious instability. MRI of the lumbar spine 08/06/2012 shows 1) Type 1 moderate degenerative end-plate change with enhancement at L5-S1, more pronounced at left laterally; 2) Right hemi-laminectomy at post surgical change at L5-S1 on the right. There is no recurrent disc protrusion/extrusion. 3) Decreased signal intensity surrounding the descending right S1 nerve root, on the T1 sequences with slight enhancement following gadolinium contrast administration; this may represent a small amount of perineural granulation tissue/fibrosis involving the right S1 nerve root. PR2 dated 07/30/2013 indicates the patient has complaints of flare up of her chronic low back pain in mid July caused by walking. The pain has calmed down with the help of TENS unit, home exercise and stretching program, and doing her pool exercises 4 days per week. She still has off and on shooting pain down the right posterior to lateral thigh to posterior cuff and plantar right foot with numbness and tingling or bowel/bladder symptoms. The pain significantly limits her functional activities. The patient is still on Norco. Objective findings on exam revealed tenderness of bilateral lumbosacral paraspinous with moderate spasm but non-tender to palpation at trapezius-par thoracic area. There is no evidence of spasm in the latter area. He has limited range of motion in all directions with low back pain with flexion to 45 degrees, extension 10 degrees, side bend, right more than left, 20 degrees. There is no

asymmetry. In bilateral lower extremities, there is positive straight leg raise testing in seated position to 60 degrees on the right with low back pain with radiculopathy symptoms to right leg and foot. The patient has negative straight leg raise in the seated position on the left to 80 degrees. She has positive straight leg raise testing in spine position to 45 on right with low back pain and radiculopathy to the right. The patient has negative Supine straight leg raise on the left to 70 degrees without low back pain. There is no pain with range of motion at hips. There is no atrophy. There is no pain with compression of anterior superior iliac spine. Motor examination from heel-toe exam is intact and has 4/5 strength in the right foot dorsiflexion and 5/5 right foot plantar flexion. There is no clear right foot drop. Sensation is intact to light touch without evidence of extinction but feels decreased sensation on lateral more than medial right thigh/calf compared to left. Deep tendon reflexes are 1+ bilaterally. The patient is diagnosed with a personal history of lumbar laminectomy or discectomy, lumbar disc herniation, and lumbar radiculopathy. There is an authorization for referral to neurosurgeon. The patient is instructed to follow-up with pain management consult; a request for authorization for a TENS unit for 6 months, Valium 5 mg as needed for insomnia/muscle spasm. Norco 5/325 as needed for severe pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **POOL MEMBERSHIP X 1 MONTH: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** According to the CA MTUS guidelines aquatic therapy is recommended as a form of exercise therapy, where available as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity so it is specifically recommended where reduced weight-bearing is desirable, for example extreme obesity. The patient is status post L5-S1 discectomy on 3/22/14. There is a report of minimal improvement with 8 sessions of aquatic therapy in the past. Clinic note dated 7/30/14 notes the patient continues to engage in a home exercise program including pool exercises 4 days/week. Gym memberships, pools, athletic clubs, etc. are not generally considered medical treatment. As such, they are not recommended unless equipment is needed or home exercises have not been beneficial, and medical supervision is provided. These criteria have not been met in this case. Medical necessity is not established.

#### **SPINE SURGERY CONSULTATION WITH [REDACTED]: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and

Environmental Medicine (ACOEM) Practice Guidelines, Chapter 7, Independent Medical Examinations And Consultations.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004), , 7, INDEPENDENT MEDICAL EXAMINATION AND CONSULTATION, 503-505.

**Decision rationale:** According to the CA MTUS guidelines, consultation is recommended to aid in diagnosis, prognosis, therapeutic management, determination of medical stability and permanent residual loss and/or examinee's fitness for return to work. The medical records document the patient is status post post L5-S1 discectomy with residual L5, S1 radiculopathy by EMG/NCS on 04/30/2013. On the last progress report dated 07/30/2013, the patient showed manifestation of radiculopathy subjectively and objectively with little to no improvement from any conservative treatment including physical therapy, pool therapy and TENS unit. Therefore in the presence of documented radiculopathy and no improvement with conservative treatment, the request for specialist consultation is appropriate.

**TENS UNIT WITH SUPPLIES ONLY FOR PURCHASE FOR 6 MONTHS:** Upheld

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

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

**Decision rationale:** According to the CA MTUS guidelines, TENS unit for chronic pain is not recommended as a primary treatment ability, but a one month home based TENS trial may be considered as a non-invasive conservative option, if used as adjunct to a program of evidence-based functional restoration. There is a report of the patient being somewhat improved with use of TENS. However, there is no documentation of objective improvement in pain or function. The patient is not working and continues to complain of severe pain and debilitation. TENS unit supplies for 6 months is not medically necessary.

**MAGNETIC RESONANCE IMAGING (MRI) LUMBAR SACRAL:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** According to the CA MTUS guidelines, MRI is recommended for disc protrusion, cauda equina syndrome, spinal stenosis and post laminectomy syndrome. The medical records document the patient is status post L5-S1 discectomy with L5 and S1 right radiculopathy confirmed by EMG/NCS on 04/12/2013. The clinic note on 7/30/13 documents

worsening pain. However, the patient has had several similar exacerbations with the same complaints, and the physical examination findings are unchanged since at least 12/11/12. Medical necessity for repeat MRI is not established at this time. Recommend awaiting surgical specialist reevaluation before proceeding with further imaging.