

<b>Case Number:</b>	CM13-0061783		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/05/2003
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & 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 Physician 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 is a 65-year-old male who reported an injury on 08/05/2003. The mechanism of injury was not submitted. The injured worker was diagnosed with lumbar discogenic pain. The injured worker underwent lumbar epidural steroid injections on 01/31/2013, 05/08/2013, and 10/02/2013 at the bilateral L4 and L5 levels. The progress report dated 10/14/2013 stated the injured worker reported improvement with recent bilateral L4 and L5 epidural steroid injections on 10/02/2013. The injured worker indicated that the low back and right leg pain had been reduced by approximately 70% at the time of the injection. However, he noted that his left leg pain had not been significantly improved. He complains of pain and cramping to the left leg as well as some left hip region pain. The injured worker noted that he had more significant pain going into this recent set of injections than he had with prior injections. The progress report dated 11/04/2013 stated the injured worker continued to have pain and would like to work on some other ancillary modalities that have been effective in the past to manage the pain. It was reported that the injured worker was trying to remain active with school, but it was difficult. Objective findings revealed the injured worker was morbidly obese. The injured worker had an antalgic gait. Lumbar range of motion was moderately limited to extension greater than to flexion with mild to moderate low back pain. There was tenderness with pressure bilaterally at the paraspinals at L4-5 and L5-S1. The injured worker had a positive straight leg raise on the right with localized mild low back pain and moderate right leg pain. There was a positive straight leg raise test on the left with localized mild low back pain with more significant left leg pain. Motor strength was within normal limits of the bilateral lower extremities. Sensation was decreased over the L5 dermatomes. The treatment plan stated the injured worker may repeat bilateral L4 and L5 transforaminal epidural steroid injections in the future as needed, given the significant benefit from the previous injections. The injured worker was

recommended to continue rehabilitative efforts as tolerated. The injured worker was also recommended 8 aquatic therapy sessions, 6 sessions of acupuncture, and a home TENS unit.

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

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

#### **ACUPUNCTURE TWICE A WEEK FOR THREE WEEKS TO LOW BACK: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The California MTUS guidelines indicate acupuncture is recommended as an option when pain medication is reduced or not tolerated. Acupuncture is recommended at 1 to 3 times per week with an optimum duration of 1 to 2 months. The guidelines indicate that acupuncture may be extended with documented functional improvement. The injured worker was recommended acupuncture twice a week for 3 weeks for the low back. However, the clinical documentation submitted for review does not show evidence of the injured worker's pain medication being reduced or not tolerated. Also, it appears that the injured worker has had previous acupuncture treatment. No objective clinical documentation was submitted for review to show continued functional deficits from the previous acupuncture. Given the lack of documentation to support guideline criteria, the request is non-certified.

#### **AQUATIC THERAPY TWICE A WEEK FOR FOUR WEEKS TO LOW BACK: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

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

**Decision rationale:** The California MTUS guidelines indicate that aquatic therapy is recommended as a form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is specifically recommended where reduced weightbearing is desirable. The injured worker was recommended 8 sessions of aquatic therapy; however, the clinical documentation did not show evidence as to why land-based therapy would not be appropriate for the injured worker. Also, given the date of the injured worker's injury, no objective clinical documentation was submitted for review to show continued functional deficits from any recent conservative treatment. Given the lack of documentation to support guideline criteria, the request is non-certified.

#### **HOME TENS UNIT TO LUMBAR SPINE: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CHRONIC PAIN, TENS (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION)  
Page(s): 116.

**Decision rationale:** The California MTUS guidelines indicate that TENS unit is not recommended as a stand-alone treatment but a 30 days trial may be recommended if used as an adjunct with an exercise program. The injured worker was recommended a TENS unit; however, the request did not specify whether it was for rental or purchase or the length of time the TENS unit would be used. Also, the documentation did not show a failure of other pain modalities. Given the lack of documentation to support guideline criteria, the request is non-certified.