

<b>Case Number:</b>	CM14-0025303		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/25/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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:

The injured worker is a 59-year-old female who reported an injury after turning a large patient weighing an estimated 350 pounds while working at her usual and customary duties on 05/25/2013. In the clinical note dated 01/30/2014, the injured worker complained of pain at the right gluteal area inferior to the sciatic notch. It was noted that the injured worker stated that while the pain had gone down to 2/10 to 3/10 pain level, it had gone up to 5 and remained at that level since the epidural injection. Prior treatments included acupuncture, physical therapy, modified duty, and epidural injections. The injured worker has been diagnosed with osteoarthritis in multiple sites, fibromyalgia, costochondritis, and ulcerative colitis. The prescribed medications include Restoril, Xanax, Celebrex, Norco, Lialda, Zocor, and Soma. The physical examination of the lumbar spine revealed range of motion within normal limits and without significant pain on flexion. Extension was limited with complaints of sacroiliac joint and lower lumbar pain bilaterally. Tenderness to palpation was revealed bilaterally to the paralumbar musculature, lumbosacral joints, sacroiliac joints, and to the right sciatic notch. The neurological examination of the lower extremities revealed no atrophy or swelling, with no noted deficits. Upon physical examination, it was noted that the injured worker had normal range of motion in of the cervical spine, limited extension of the lumbar spine, mildly limited internal rotation of the bilateral hips, and no neurological deficits in the bilateral lower extremities. The treatment plan included her continuation of Celebrex, acetaminophen, orphenadrine, gabapentin, EMG/NCV study of the right lower extremity. The injured worker had reported that in the past she had been treated with good effect with a TENS Unit and physical therapy and she would like to add that to the armamentarium of her pain relief self-care tools so that eventually she could rely less on medications. The injured worker was encouraged to complete the authorized course of physical therapy and cognitive behavior therapy since it was noted that more than 6 months of

conservative care, particularly with regard to pain, had failed to improve as expected. The request for authorization for a TENS unit x 1 month trial and cognitive behavioral therapy for the diagnosis of pre-existing chronic back pain and degenerative disc disease; right gluteal strain or possible piriformis syndrome was submitted on 01/30/2014.

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

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

#### **TENS UNIT & SUPPLIES X 1 MONTH TRIAL (RENTAL OR PURCHASE): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, CHRONIC PAIN (TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION) Page(s): 114-116.

**Decision rationale:** The request for TENS Unit and supplies times 1 month trial (rental or purchase) is not medically necessary. The California MTUS Guidelines state that TENS is not recommended as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. In the clinical notes provided for review, it is documented that the injured worker had used a TENS unit in physical therapy, however, the injured worker is still having neuropathic symptoms in the right lower extremity. There is also a lack of functional or neurological deficits in the physical examination. The request fails to specify rental or purchase and as the purchase is not supported until after a one-month trial with evidence of efficacy, the request is not supported. Therefore, the request for a TENS Unit and supplies times 1 month trial (rental or purchase) is not medically necessary.

#### **CONSULTATION WITH A PSYCHOLOGIST (COGNITIVE BEHAVIORAL THERAPY FOR CHRONIC PAIN CONTROL): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

**Decision rationale:** The request for a consultation with a psychologist (cognitive behavioral therapy for chronic pain control) is not medically necessary. The California MTUS Guidelines state that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which would lead to psychological or physical dependence. The guidelines recommend a screen for injured workers with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk injured workers should be physical medicine for exercise

instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT (cognitive behavioral therapy) referral after 4 weeks if there is a lack of progress from physical medicine alone, to include an initial trial of 3 to 4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks (individual sessions). In the clinical notes provided for review, the injured worker stated that she is highly motivated to return to her usual and customary duties and to remain there for at least 3 more years until retirement. It is also annotated that the injured worker is to complete the authorized course of physical therapy of which there is lack of documentation of the progress or lack thereof. The injured worker's pain level status is documented as 5/10 since the epidural injection on 12/05/2013; however, it is not indicated if the injured worker's pain medication regimen has efficacy. Furthermore, it was annotated that the requesting physician and injured worker had come up with a plan that the injured worker felt comfortable discussing with her primary care provider to help decrease the level of inflammation and pain and to prevent further exacerbations. Therefore, the request for consultation with a psychologist (cognitive behavioral therapy for chronic pain control) is not medically necessary.