

<b>Case Number:</b>	CM14-0027767		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	08/19/2009
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 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 sustained a work related injury on August 18, 2009, with the chief complaint noted to be low back pain. The exact mechanism of the work related injury was not noted in the documentation provided. The injured worker was noted to have been status post lumbar fusion on August 8, 2011, with subsequent lumbar spine hardware removal on March 22, 2013. The Primary Treating Physician's report of January 23, 2014, noted the injured worker with low back pain, significantly helped for one to two weeks by trigger point injections, with a the TENS unit also noted to help with the pain. The Physician noted the diagnoses of status post lumbar fusion, status post lumbar spine hardware removal, and chronic mechanical low back pain. The injured worker's previous conservative treatments included aqua therapy, epidural injections, physical therapy, a TENS unit, home exercise program, and oral medications. Physical Therapy progress notes from August 6 to August 8, 2013, noted the injured worker with no new symptoms, and no increase in pain after the treatments. The therapy notes provided did not include documentation of functional improvement. On February 1, 2014, the injured worker was seen for a comprehensive pain management consultation. The Physician noted the injured worker with constant pain across the lower back, worse at night, radiating pain down the right leg, and numbness and tingling in both feet. The Physician noted the injured worker had not responded to conservative treatments, currently requiring six oral pain medication pills a day for the pain. Physical examination was noted to show a thirty-one year old male who appeared in no diatress, with lumbar hyperlordosis, tenderness to palpation about the lumbar paravertebral muscles, and spasm in the quadratus lumborum and gluteus muscles. The Physician noted decreased sensation in the left lower extremity with the injured worker unable to squat due to pain. A MRI of the lumbar spine done on July 20, 2013, revealed spinal fixation device at L5 and S1 level, disc desiccation with loss of disc height at L4-L5 and L5-S1, with straightening of the lordotic curve

which may reflect an element of myospasm. The Physician's recommendations included caudal epidural steroid injections, and continuation of the oral pain medication Norco 10/325mg six a day as needed for pain relief. The physician noted there were no red flags against continued use of the medication, with consistent preliminary results of a random urine test. A request was made on February 14, 2014, for Norco 10/325mg #180, twelve sessions of post operative Physical Therapy for the lumbar spine, purchase of a TENS unit, and orthopedic follow-up visit for the lumbar spine. On February 28, 2014, Utilization Review evaluated the requests using MTUS and ODG-TWC guidelines. The UR Physician noted the injured worker complained of low back pain with previous lumbar spine fusion and lumbar spine hardware removal. The Utilization Review (UR) Physician approved the orthopedic follow-up visit, with the TENS unit purchase, Physical Therapy, and Norco medication were denied for lack of medical necessity. The clinical reasons for the UR physician's decisions were not included in the documentation provided. The decision was subsequently appealed to Independent Medical Review.

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

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

**Norco 10/325mg # 180:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Criteria for Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section,

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker complains of low back pain on a progress note dated May 2011. The injured worker is mildly improved after hardware removal. He continued Norco 10/325 two tablets three times daily. The documentation does not contain evidence of objective functional improvement. Additionally, the documentation does not support the chronic long-term use of opiates based on the documentation with missing pain assessments and objective functional improvement. Consequently, Norco 10/325 mg #180 is not medically necessary.

**12 Additional post-op pt visits for lumbar spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

**Decision rationale:** Pursuant to the Official Disability Guidelines, 12 additional postoperative physical therapy visits to the lumbar spine are not medically necessary. The criteria for physical therapy are enumerated in the Official Disability Guidelines. The ODG states patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy. When treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. Allow for fading of treatment frequency (from up to three or more visits per week to one or less), plus active self-directed home physical therapy. In this case, the injured worker underwent aqua therapy 12 sessions. There is no information in the medical record as to why aqua therapy was preferred over land-based therapy. Additionally, the documentation did not contain evidence of objective functional improvement and per the guidelines, the injured worker needs to be formally assessed after the initial six visit clinical trial. Consequently, in the absence of a formal assessment after the initial physical therapy to the lumbar spine, additional physical therapy is not clinically indicated and not medically necessary. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, 12 additional postoperative is good therapy visits to the lumbar spine are not medically necessary.

**Tens unit purchase:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, TENS Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for purchase is not medically necessary. The criteria for TENS use include, but are not limited to, a one month trial period of 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. Rental of the preferred over purchased during this trial. A treatment plan including a specific short and long term goal of treatment with the tens unit should be submitted. In this case, the injured worker was using a TENS unit that was noted to help with pain. The diagnoses were status post lumbar fusion, status post lumbar spine hardware removal and chronic mechanical low back pain. There is no documentation in the medical record as to how often or how long the TENS unit was used. There was no treatment plan including specific short and long-term goals submitted with the initial use of a tens unit. It is unclear how long the tens unit has been utilized. Consequently, after the appropriate documentation the TENS unit is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, TENS unit for purchase is not medically necessary.