

<b>Case Number:</b>	CM14-0154913		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	12/19/2011
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 (IW) is a 52-year-old woman with a date of injury of December 19, 2011. The mechanism of injury is not documented in the medical record. The injured worker's working diagnoses are minimal canal stenosis, L3-L4, secondary to a 3.5 mm broad-based protrusion; mild central canal stenosis and minimal bilateral neural foraminal stenosis, L4-L5, secondary to a 5 mm broad based disc herniation, short pedicles, and mild ligamentum flavum redundancy; mild central canal stenosis and mild bilateral neural foraminal stenosis, L5-S1, secondary to a 6 mm broad-based disc herniation and short pedicles; mild intervertebral disc desiccation, L4-L5 and L5-S1; musculoligamentous sprain, lumbar spine; possible new and further pathology, lumbar spine; and possible neuropathy, lower extremities. According to a progress report dated February 18, 2014, the IW attended physical therapy for approximately 1 month, noting no relief. He was released back to work with restrictions. Pursuant to the Primary Treating Physician's Progress reports dated July 15, 2014, the IW complains of constant pain and discomfort in the low back that he describes as sharp, aching, and stabbing in nature. He has frequent numbness and radiating pain into the legs, more on the left. Objectively, there is tenderness to palpation (TTP) over the lumbar spine. Range of motion of the lumbar spine reveals 38 degrees of flexion and 22 degrees of extension with pain and spasm. There is positive straight leg raise test radiating into the bilateral legs to the level of the thighs. The current request is for home exercise program including X-Force TENS unit, physical therapy 2 times a week for 3 weeks trial basis to the low back, and MRI of the lumbar spine. The IW had an MRI of the lumbar spine May 30, 2012. The treating physician is now submitting a request for a repeat MRI on August 25, 2014 (approximately 3 months later). According to the PR-2 dated July 15, 2014 the provider reports the IW has had 9 sessions of therapy which have included modalities, core stabilization, flexibility, and manual therapy which included manual stretching, joint distraction, and soft

tissue mobilization. The physical therapist recommended continuing PT, but the IW reports that therapy may have exacerbated his condition. The provider indicates that he would like to keep the IW out of therapy until further testing; mainly the lower extremity nerve conduction and EMG study have been obtained.

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

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

**MRI of 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); Low Back Section, MRI.

**Decision rationale:** Pursuant to the Official Disability Guidelines, MRI lumbar spine is not medically necessary. MRIs are the test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until at least one month conservative therapy sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. See the Official Disability Guidelines MRI indications. In this case, the injured worker is 52 years old with a date of injury December 19, 2011. A progress note dated February 18, 2014 (AME versus QME, page 1 of the report missing) indicates the injured worker had an MRI of the lumbar spine without contrast. The date of the MRI was May 30, 2012. The impression was mild central canal stenosis and mild bilateral neural foraminal stenosis at L5-S1 secondary to a 6 mm broad-based disc herniation and short articles. Physical examination showed slight tenderness of the spinous processes L1-S1 and the paravertebral muscles on the right. There is pain and spasm with flexion, extension and left and right lateral bending and positive straight leg raising. The documentation does not reflect a significant change in symptoms and/or clinical findings suggestive of significant pathology. The injured worker had an MRI of the lumbar spine May 30, 2012. The treating physician is now submitting a request for a repeat MRI on August 25, 2014 (approximately 3 months later). Consequently, absent the appropriate clinical documentation to support a repeat lumbar MRI with significant changes in symptoms and objective findings, MRI lumbar spine is not medically necessary.

**X-Force TENS Unit:** Upheld

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

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

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, X force TENS unit is not medically necessary. While TENS may reflect long-standing accepted standard of care within many medical communities, the results of studies are inconclusive. Several published evidence-based assessments of TENS have found the evidence is lacking concerning effectiveness. In this case, the injured worker is 52 years old with a date of injury December 19, 2011. A progress note dated February 18, 2014 (AME versus QME, page 1 of the report missing) indicates the injured worker had an MRI of the lumbar spine without contrast. The date of the MRI was May 30, 2012. The impression was mild central canal stenosis and mild bilateral neural foraminal stenosis at L5-S1 secondary to a 6 mm broad-based disc herniation and short articles. Physical examination showed slight tenderness of the spinous processes L1-S1 and the paravertebral muscles on the right. There is pain and spasm with flexion, extension and left and right lateral bending and positive straight leg raising. Evidence-based studies state evidence for TENS is lacking concerning the effectiveness of tens units; the results are inconclusive. Consequently, absent evidence-based guidelines to support the use of tens, X force tens unit is not medically necessary.

**Physical Therapy Two Times a Week for Three Weeks: Upheld**

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

**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); Low Back, Physical Therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week for three weeks the lower back is not medically necessary. Patient 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). The frequency and duration of physical therapy are enumerated in the disability guidelines according to disease state. In this case, documentation (AME versus QME dated February 18, 2014 states the injured worker received physical therapy. In the discussion section of the documentation states the injured worker was referred for physical therapy that he attended once a week for approximately one month, noting no relief. He received one cortisone injections so long our spine. Documentation from a progress note dated August 15, 2014 indicates the injured worker received 9 physical therapy visits. The injured worker commended the PT may have exacerbated the symptoms. There is no documentation reflecting those physical therapy visits. Consequently, absent objective functional improvement (per the treating physician), additional physical therapy two times a week for three weeks is not medically necessary.