

<b>Case Number:</b>	CM14-0191990		
<b>Date Assigned:</b>	11/25/2014	<b>Date of Injury:</b>	11/26/2002
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 woman with a date of injury of 11/26/2002. The submitted and reviewed documentation did not identify the mechanism of injury. Treating physician notes dated 08/12/2014 and 09/09/2014 indicated the worker was experiencing worsening lower back pain that goes into the left leg and left leg numbness and tingling. The worker had completed eight of ten planned aqua therapy sessions without decreased pain intensity. Portions of these handwritten notes could not be read with confidence. Documented examinations described decreased left leg sensation; tenderness in the lower back with spasm; tenderness at both sacroiliac joints; and positive S1 stress, FABERS, and Kemp's testing. The submitted and reviewed documentation concluded the worker was suffering from lumbosacral strain and sprain with radiculopathy involving both legs and sacroiliac joint strain and sprain involving both sides. Treatment recommendations included oral pain medication, additional aqua therapy sessions, MRI imaging of the lower back, and follow up care. A Utilization Review decision was rendered on 10/23/2014 recommending non-certification for sixty tablets of Ultram (tramadol) to be taken one orally daily as needed, imaging of the lumbar spine with MRI, aqua therapy twice weekly for three weeks (six sessions), and an IFC (interferential current stimulation) unit with a conductive garment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic therapy 2 times a week for 3 weeks: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis. The reviewed records indicated the worker was experiencing pain in the lower back that went into the leg and leg numbness and tingling. These records reported the worker had completed eight of ten planned aqua therapy sessions without having decreased pain intensity. The request does not allow for the fading of treatment frequency to a self-directed program. There was no discussion supporting additional sessions beyond those recommended by the Guidelines. In the absence of such evidence, the current request for Aqua Therapy twice weekly for three weeks (six sessions) is not medically necessary.

**MRI of the lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for low back regarding MRIs (magnetic resonance imaging)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chapter 12 - Low Back Complaints Page(s): 287-326.

**Decision rationale:** The MTUS Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The reviewed records indicated the worker was experiencing pain in the lower back that went into the leg and leg numbness and tingling. There was no discussion suggesting surgery was a treatment option or concluding that the worker had failed conservative management. In the absence of such documentation, imaging of the lumbar spine with MRI is not medically necessary.

**Ultram 1 PO QD PRN #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

**Decision rationale:** Ultram (Tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing lower back pain that went into the legs and leg numbness and tingling. The documented pain assessments included few of the elements suggested by the Guidelines. Further, no specific dose was indicated in the request. In the absence of such evidence, the current request for sixty tablets of Ultram (Tramadol) is not medically necessary.

**IFC home unit with conductive garment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy interferential current stimulation (.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Electrotherapy Page(s): 114-121.

**Decision rationale:** Interferential current stimulation is a type of electrical stimulation treatment for pain. The literature has not shown benefit from this treatment, possibly because of the limited quality studies available. The MTUS Guidelines support the use of this treatment only when it is paired with other treatments that are separately supported and in workers who have uncontrolled pain due to medications that no longer provide benefit, medications are causing intolerable side effects, a history of substance abuse limits the treatment options, the pain does not respond to conservative measures, and/or pain after surgery limits the worker's ability to participate in an active exercise program. A successful one-month trial is demonstrated by decreased pain intensity, improved function, and a decreased use of medication. The reviewed records indicated the worker was experiencing lower back pain that went into the left leg and leg numbness and tingling. There was no documentation of a prior trial with benefit from this treatment or suggestion that the worker met one of the above criteria. In the absence of such evidence, the current request for an IFC (interferential current stimulation) unit with a conductive garment is not medically necessary.