

Case Number:	CM15-0181821		
Date Assigned:	09/23/2015	Date of Injury:	12/16/2010
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 52 year old male, who sustained an industrial injury on December 16, 2010. Medical records indicate that the injured worker is undergoing treatment for lumbar discogenic disease, cervical discogenic disease and thoracic strain. On (8-10-2015) the injured workers work status was totally disabled. The injured worker complained of neck and back pain. Objective findings revealed the injured workers cervical range of motion to be poor, flexion 15 degrees, extension 15 degrees, tilt 10 degrees bilaterally and rotation 10 degrees with severe pain in the neck with radiation to both shoulders. Profound spasms of the trapezius muscles were also noted. Sensation was decreased in the cervical five through cervical seven distributions. Lumbar spine examination revealed flexion to be 15 degrees, extension 0 degrees, tilt 15 degrees and rotation 15 degrees with pain in the low back going down both legs. A straight leg raise test was positive bilaterally. Weakness of the bilateral abductor hallucis longus and foot flexors was noted. Sensation was decreased in the lumbar four-lumbar five distributions bilaterally and lumbar three on the left. The injured workers pain level was not noted. Treatment and evaluation to date has included medications, MRI of the thoracic spine and lumbar spine (2011), chiropractic treatments, a transcutaneous electrical nerve stimulation unit and physical therapy. The progress note dated 8-10-2015 notes that the injured worker had used a transcutaneous electrical nerve stimulation unit, which helped his pain a little bit. Current medications include Tramadol (since at least March of 2015), Gabapentin, Fluoxetine, and Tizanidine. The request for authorization dated 8-25-2015 includes requests for aqua therapy two times six for the cervical spine, aqua therapy two times six to the lumbar spine, an H-wave unit for home therapy

and Tramadol 50 mg # 120. The Utilization Review documentation dated 9-1-2015 non-certified the requests for aqua therapy two times six for the cervical spine and the H-wave unit for home therapy and modified the requests for aqua therapy to the lumbar spine to six sessions (original request 12 sessions) and Tramadol 50 mg # 90 (original request # 120).

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for the cervical spine 2 times a week for 6 weeks, quantity: 12 sessions:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The request is for aquatic therapy. The MTUS states the following regarding this topic: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case, there is insufficient documentation to justify this therapy. As stated above, aquatic treatment is indicated when reduced weight bearing is desirable, as it minimizes the effects of gravity. There is no explanation in the records as to why this would be of benefit as opposed to land-based therapy. As such, the request is not medically necessary.

Aqua therapy for lumbar spine 2 times a week for 6 weeks, quantity: 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: The request is for aquatic therapy. The MTUS states the following regarding this topic: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this

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H-Wave for home therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar the thoracic/TENS (transcutaneous electrical nerve stimulation).

Decision rationale: The request is for the use of TENS unit therapy to aid in low back pain. The ODG state the following regarding this topic: Not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration, including reductions in medication use. Acute: Not recommended based on published literature and a consensus of current guidelines. No proven efficacy has been shown for the treatment of acute low back symptoms. (Herman, 1994) (Bigos, 1999) (van Tulder, 2006) Chronic: Not generally recommended as there is strong evidence that TENS is not more effective than placebo or sham. (Airaksinen, 2006) There is minimal data on how efficacy is affected by type of application, site of application, treatment duration, and optimal frequency/intensity. (Brousseau, 2002) There are sparse randomized controlled trials that have investigated TENS for low back pain. One study of 30 subjects showed a significant decrease in pain intensity over a 60-minute treatment period and for 60 minutes after. (Cheing, 1999) A larger trial of 145 subjects showed no difference between placebo and TENS treatment. (Deyo, 1990) Single-dose studies may not be effective for evaluating long-term outcomes, or the standard type of use of this modality in a clinical setting. (Milne-Cochrane, 2001) (Sherry, 2001) (Philadelphia Panel, 2001) (Glaser, 2001) (Maher, 2004) (Brousseau, 2002) (Khadikar, 2005) (Khadikar2, 2005) Although electrotherapeutic modalities are frequently used in the management of CLBP, few studies were found to support their use. Most studies on TENS can be considered of relatively poor methodological quality. TENS does not appear to have an impact on perceived disability or long-term pain. High frequency TENS appears to be more effective on pain intensity when compared with low frequency, but this has to be confirmed in future comparative trials. It is also not known if adding TENS to an evidence-based intervention, such as exercise, improves even more outcomes, but studies assessing the interactions between exercise and TENS found no cumulative impact. (Poitras, 2008) For more information, see the Pain Chapter. Recent research: A recent meta-analysis concluded that the evidence from the small number of placebo-controlled trials does not support the use of TENS in the routine management of chronic LBP. There was conflicting evidence about whether TENS was beneficial in reducing back pain intensity and consistent evidence that it did not improve back-specific functional status. There was moderate evidence that work status and the use of medical services did not change with treatment. Patients treated with acupuncture-like TENS responded similarly to those treated with conventional TENS. (Khadikar-Cochrane, 2008) On June 8,

2012, the Centers for Medicare & Medicaid Services (CMS) issued an updated decision memo concluding that TENS is not medically necessary for the treatment of chronic low back pain based on a lack of quality evidence for its effectiveness. Coverage is available only if the beneficiary is enrolled in an approved clinical study. (Jacques, 2012).

Ultram (Tramadol) 50mg, quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of Tramadol for osteoarthritis is indicated for short-term use only (< 3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria. This is secondary to the duration of use, with this medication being indicated on a short-term basis only. As such, the request is not medically necessary.