

<b>Case Number:</b>	CM15-0182735		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	11/17/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male who sustained an industrial injury on 11-17-2012. According to a progress report dated 07-02-2015, the injured worker had low back pain radiating down both legs to the feet. Pain was rated 7 on a scale of 1-10. Pain was associated with numbness, burning and tingling. One week prior, pain in the low back started radiating to the neck. Turning his head caused pain. Muscle spasms in the legs at night were reported. The injured worker wanted to have hardware removal performed but was told to wait 1 year. Back surgery on 08-12-2014 "helped a little". Hydrocodone, quad cane, TENS and rest helped. Patches helped "a little". Objective findings included lumbar support and tenderness to palpation over the lower paraspinous muscles especially in the area of the surgical scar on the left. Patella and Achilles deep tendon reflexes were noted as symmetrical trace. He ambulated "adequately" with a cane in the right hand. Diagnoses included lumbar degenerative disc disease, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis and status post-surgery lumbar spine. The treatment plan included Hydrocodone for severe pain, topical analgesics as needed for leg spasms and pain, one month trial of IF (interferential unit for pain "TENS helps", trial of cognitive behavioral therapy with bio-feedback 2 x 2 session, pool therapy as recommended by neurosurgeon 2 x 2 coordinated with cognitive behavioral therapy, follow up visit with other provider and return to clinic in 45 days. The injured worker was to remain off work until 08-16-2015. On 08-24-2015, Utilization Review non-certified the request for IF unit for 1 month trial and cognitive behavioral training with aqua therapy two times a week for two weeks for the lumbar spine.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**IF unit for 1 month trial:** Overturned

**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): Transcutaneous electrotherapy.

**Decision rationale:** The patient presents with diagnosis that include lumbar degenerative disc disease, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis and status post-surgery lumbar spine discectomy and fusion, LR4L5 and L5-S1 8/12/14. Currently the patient complains of low back pain radiating down both legs to the feet. Pain was associated with numbness, burning and tingling. The current request is for a 1 month trial of an IF unit. The treating physician states in the treating report dated 7/2/15 (32B), "requesting 1 month trial IF unit for pain (TENS Helps)." MTUS Guidelines state that Interferential (IF) current stimulation is not recommended as an isolated intervention. However, the MTUS listed patient selection criteria include post-operative pain, which this patient may suffer from. MTUS states that if criteria were met, then a one-month trial would be appropriate. MTUS goes further to state that use of the IF unit would be appropriate under the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or pain is ineffectively controlled with medications due to side effects; or history of substance abuse; or significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If the criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement; less reported pain and evidence of medication reduction. In this case, at the time of the request the patient is roughly seven months post op from lumbar surgery. The patient's pain is ineffectively controlled, conservative treatments have failed and the pain limits the patient's ability to perform as evidenced by his permanent work restrictions and the physician's request for continued aquatic therapy. The current request is medically necessary.

**Cognitive behavioral training with aqua therapy two times a week for two weeks for the lumbar spine:** 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, Behavioral interventions, Physical Medicine.

**Decision rationale:** The patient presents with diagnosis that include lumbar degenerative disc disease, lumbar disc protrusion, lumbar radiculopathy, lumbar stenosis and status post-surgery lumbar spine. Currently the patient complains of low back pain radiating down both legs to the feet. Pain was associated with numbness, burning and tingling. The current request is for Cognitive behavior training with aqua therapy two times a week for two weeks for the lumbar spine. The treating physician states in the follow up neurosurgical consultation dated 6/25/15 (23B) states, "The patient has intermittent lower back pain and, at this point, I see no significant changes in his condition. I have advised him to attend more aquatic therapy. He should not be using the cane." Also included in the clinical history the treating physician states in the treating report dated 6/4/15 (28B), "Requesting CBT (cognitive behavioral training) with bio-feedback 6 sessions per ODG evidence based guidelines. The goal is to use CBT, TENS, creams, and patches to control pain and reserve oral narcotics for exacerbations." Later in the treating report dated 7/2/15 (32B) the treating physician states, "Requesting pool therapy, as recommended by neurosurgeon, 2 x2, coordinated with CBT." MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. Additionally, regarding cognitive behavioral therapy, which MTUS supports, MTUS states, "The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." MTUS states, Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the separate and distinct treatments are jumbled into the same request making assessment of medical necessity nearly impossible. If evaluated separately the physicians request for a referral for cognitive behavioral therapy may indeed be consistent with current MTUS guidelines of 6-10 visits however, when combined with the request for aquatic therapy the medical necessity of neither can be supported. The current request is not medically necessary.