

<b>Case Number:</b>	CM15-0200539		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	08/06/2010
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: New York

Certification(s)/Specialty: Internal 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 57 year old male with an industrial injury date of 08-06-2010. Medical record review indicates he is being treated for post laminectomy syndrome - lumbar, degeneration lumbar intervertebral disk, low back pain and spondyloarthritis - lumbosacral. Subjective complaints (09-09-2015) included "jolts of pain" that had lessened after an epidural injection. "He has worsening deep intense constant pain down the left greater than right leg." Work status is not indicated in the 09-09-2015 note. Current medications (08-28-2015) included Lidoderm patch, Neurontin, Protonix, Soma, Clonidine, Dilaudid, Zofran, Percocet and Ambien. Prior treatment included lumbar 5-sacral 1 laminectomy in 2012, bilateral lumbar 4 and lumbar 5 transforaminal epidural steroid injections and medications. "He has failed over six months of conservative treatment." The treating physician documented results of lumbar spine x-rays "reviewed today" showed mild degenerative disc disease of lumbar 5-sacral 1 and mild retrolisthesis of lumbar 5-sacral 1 in extension, reduction in flexion and neutral views. Other diagnostics are documented as MRI of the lumbar spine dated 04-11-2015 and 11-18-2014 and CT of the lumbar spine dated 10-01-2014. The results are documented in the 05-20-2015 treatment note. Objective findings (09-09-2015) of the back included positive tenderness midline, positive tenderness left paraspinal, lateral bending 10-20 degree with pain. Extension was 10-20 degree with mild pain. On forward flexion the injured worker was able to reach knees with moderate pain. Motor strength was 5 out of 5 in all groups bilaterally. Sensation to light touch was intact bilaterally lumbar 1-sacral 1 except decreased on the left, anterior thigh. Left foot was positive for tingling and decreased sensation. On 09-16-2015 the request for the

following treatments was non-certified by utilization review: CT discogram lumbar 4-sacral 1 TENS unit (purchase), TENS unit supplies (purchase), Psychosocial Evaluation.

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

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

**CT Discogram L4-51:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** As per MTUS, recent studies on diskography do not support its use as a preoperative indication for either intradiskal electrothermal (IDET) annuloplasty or fusion. Diskography does not identify the symptomatic high-intensity zone, and concordance of symptoms with the disk injected is of limited diagnostic value (common in non-back issue patients, inaccurate if chronic or abnormal psychosocial tests), and it can produce significant symptoms in controls more than a year later. Tears may not correlate anatomically or temporally with symptoms. There is no strong medical evidence supporting Diskography, and no clear rationale can be found in the submitted medical records that supports this treatment. Medical necessity of the requested treatment: CT Discogram L4-51 has not been established. The request is not medically necessary.

**TENS unit (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per the CA MTUS guidelines, TENS is recommended for the treatment of chronic intractable pain for the following conditions diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and were there any functional benefits. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted Medical Records. The Requested Treatment TENS Unit (purchase) is not medically necessary and appropriate.

**TENS unit supplies (purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** Per the CA MTUS guidelines, TENS is recommended for the treatment of chronic intractable pain for the following conditions diabetic neuropathy and post-herpetic neuralgia, phantom limb pain, complex regional pain syndrome I and II, spasticity in spinal cord injury, and multiple sclerosis pain and muscle spasm. TENS unit is not recommended as a primary modality, but a one month home-based trial may be considered if used as an adjunct to a program of evidence-based functional restoration, with documentation of how often the unit was used. MTUS Guideline does support rental of this unit at the most for one month, but Medical Records are not clear if this injured worker has tried TENS unit in a supervised setting and were there any functional benefits. A treatment plan that includes the specific short and long term goals of treatment with TENS unit cannot be located in the submitted Medical Records. The Requested Treatment: TENS Unit supplies (purchase) is not medically necessary and appropriate.

**Psychosocial Evaluation:** 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): Psychological evaluations.

**Decision rationale:** MTUS recommends Psychological treatment for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. In this case of injured worker as CT Discogram L4-51 is determined not medically necessary, medical necessity of the requested treatment: Psychosocial Evaluation has not been established.