

<b>Case Number:</b>	CM15-0208283		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	02/12/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 43-year-old male who reported an industrial injury on 2-12-2014. His diagnoses, and or impressions, were noted to include: lumbar spine sprain-strain, with spondylosis and pain. Recent electrodiagnostic studies were said to have been done on 2-26-2015, noting normal findings; and magnetic imaging studies of the lumbosacral spine were said to have been done on 8-21-2014, noting an annular bulge and tear. His treatments were noted to include: consultation; 12 physical therapy sessions; 5-6 acupuncture treatments; medication management; and a return to full work duties. The progress notes of 4-7-2015 & 7-6-2015 reported complaints which included: the flaring of low back pain following 12 sessions of physical therapy which provided short-term , and 5 acupuncture treatments which provided some improvement, but with no change in pain level; that he declined Gabapentin due to dizziness, and an oral Narcotic, due to interference with police work; and that his low back pain was worsening and was persistent in radiating down the left leg, and was getting much stiffer, resulting in difficulties with activities and with sleep. The objective findings were noted to include: positive bilateral straight leg raise; decreased ankle jerk; positive bilateral trendelenberg test; and a review of the 8-21-2014 magnetic resonance imaging of the lumbosacral spine, and 2-26-2015 electrodiagnostic studies. The physician's requests for treatment were noted to include. The Request for Authorization (RFA), dated 7-6-2015, was noted to include 6 sessions of physical therapy for flair low back pain, to remain full duty work; and the RFA dated 4-7-2015 was noted to include 8 sessions of acupuncture for low back pain. The Utilization Review of 10-

20-2015 non-certified the request for the indefinite use of a trans-cutaneous electrical stimulation unit, and 8 additional acupuncture treatments with 8 physical therapy sessions to the low back.

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

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

**TENS Unit (Indefinite Use): 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:** The claimant sustained a work injury in February 2014 when, while working as a Police Officer, he was performing training drills when he knelt down and had sharp pain. Physical therapy provided minimal benefit and acupuncture did not result in any pain relief. Electrodiagnostic testing in February 2015 was normal and an MRI of the lumbar spine in August 2014 included findings of mild lumbar spondylosis with a central disc protrusion without canal stenosis. Another MRI scan in October 2015 showed slight enlargement of the disc protrusion. When seen, he was having a flareup of left-sided sciatic symptoms. He had persistent numbness and was limping. He overall felt his low back was better. He was rarely taking medications. Physical examination findings included guarded lumbar range of motion. He had lumbar spasms. His body mass index was nearly 30. Authorization for eight sessions of physical therapy and acupuncture and for TENS for the flareup of his low back pain was requested. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of a TENS unit. Providing a unit for indefinite use is not medically necessary.

**Acupuncture Low Back Qty 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The claimant sustained a work injury in February 2014 when, while working as a Police Officer, he was performing training drills when he knelt down and had sharp pain. Physical therapy provided minimal benefit and acupuncture did not result in any pain relief. Electrodiagnostic testing in February 2015 was normal and an MRI of the lumbar spine in August 2014 included findings of mild lumbar spondylosis with a central disc protrusion without canal stenosis. Another MRI scan in October 2015 showed slight enlargement of the disc protrusion. When seen, he was having a flareup of left-sided sciatic symptoms. He had persistent numbness and was limping. He overall felt his low back was better. He was rarely taking medications. Physical examination findings included guarded lumbar range of motion.

He had lumbar spasms. His body mass index was nearly 30. Authorization for eight sessions of physical therapy and acupuncture and for TENS for the flare-up of his low back pain was requested. Guidelines recommend acupuncture as an option as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented with a frequency of 1 to 3 times per week and optimum duration of 1 to 2 months. In this case, the number of initial treatments requested is in excess of guideline recommendations. Prior acupuncture was ineffective. The requested acupuncture treatments were not medically necessary.

**PT Low Back Qty 8: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in February 2014 when, while working as a Police Officer, he was performing training drills when he knelt down and had sharp pain. Physical therapy provided minimal benefit and acupuncture did not result in any pain relief. Electrodiagnostic testing in February 2015 was normal and an MRI of the lumbar spine in August 2014 included findings of mild lumbar spondylosis with a central disc protrusion without canal stenosis. Another MRI scan in October 2015 showed slight enlargement of the disc protrusion. When seen, he was having a flare-up of left-sided sciatic symptoms. He had persistent numbness and was limping. He overall felt his low back was better. He was rarely taking medications. Physical examination findings included guarded lumbar range of motion. He had lumbar spasms. His body mass index was nearly 30. Authorization for eight sessions of physical therapy and acupuncture and for TENS for the flareup of his low back pain was requested. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to determine whether continuation of physical therapy was likely to be any more effective than previously. The request is not considered medically necessary.