

<b>Case Number:</b>	CM15-0211839		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	01/23/2013
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 23, 2013. In a Utilization Review report dated October 20, 2015, the claims administrator approved 6 sessions of physical therapy while failing to approve request for a psych consultation and 6 sessions of percutaneous electrical nerve stimulation (PENS) therapy. The applicant's attorney subsequently appealed. On an October 8, 2015 office visit, the applicant reported ongoing issues with chronic low back pain. The applicant's medications included naproxen, Flexeril, Prilosec, Ambien, Ultram extended release, Norco, and Cymbalta, the treating provider reported. PENS therapy, physical therapy, aquatic therapy, and a psych consult were reportedly pending. The applicant was reportedly visibly anxious and depressed, the treating provider reported. The applicant was poorly doing, the treating provider noted. Multiple medications were renewed and/or continued, including naproxen, Flexeril, Ambien, Prilosec, Ultram, and Norco. The applicant was asked to try and lose weight. The applicant was described as increasingly depressed. The attending provider suggested that the applicant needed to undergo a psychiatric consultation to obtain psychiatric care through the Worker's Compensation system. On December 18, 2015, the applicant reported ongoing issues with chronic low back pain with derivative complaints of depression and anxiety. The applicant had apparently refused to fill a previously prescribed prescription for Cymbalta, the treating provider reported. The applicant still had functional deficits present, the treating provider reported. Multiple medications were renewed and/or continued. Physical therapy and percutaneous electrical nerve stimulation (PENS) were sought.

The attending provider stated that PENS therapy represented a better treatment option than TENS therapy here. The treating provider stated that the applicant had not reported significant pain relief with the TENS but did not elaborate on the applicant's prior usage of a TENS unit (if any). The attending provider noted that the applicant's pain complaints were rendering the applicant useless and precluding gainful employment.

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

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

**Psych consultation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): General Approach.

**Decision rationale:** Yes, the request for a psych (psychiatric) consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health symptoms become disabling despite primary care interventions or persist beyond 3 months. Here, the treating provider suggested on office visits of September 18, 2015 and October 8, 2015 that the applicant had developed mental health symptoms which had seemingly proven recalcitrant to psychotropic medications, including Cymbalta. Issues with medication compliance on Cymbalta were raised on an office visit of September 18, 2015. The attending provider noted that the applicant was becoming increasingly depressed on October 8, 2015. It did not appear, thus, that the applicant had responded particularly favorably to introduction of Cymbalta. The applicant was off of work, the treating provider reported on September 18, 2015. Obtaining the added expertise of a psychiatrist to formulate other treatment options from a mental health perspective was, thus, indicated. Therefore, the request was medically necessary.

**Percutaneous Electrical Nerve stimulation therapy, 6 sessions for the low back:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Percutaneous electrical nerve stimulation (PENS).

**Decision rationale:** Conversely, the request for percutaneous electrical nerve stimulation (PENS) therapy-6 sessions-was not medically necessary, medically appropriate, or indicated here. Page 97 of the MTUS Chronic Pain Medical Treatment Guidelines notes that percutaneous electrical nerve stimulation is not recommended as a primary treatment modality. While page 97 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies its position by noting that a trial of the same may be considered, if used as an adjunctive program of evidence-based

functional restoration in applicants in whom other non-surgical treatments, including therapeutic exercise, TENS therapy, etc., have been tried, failed, and/or judged to be unsuitable or contraindicated, here, however, there was no mention of the applicant's intent to employ the proposed PENS therapy in conjunction with a program of functional restoration. The applicant was off of work, the treating provider reported on September 18, 2015. The applicant felt that he was incapable of gainful employment, it was reported on that date. It did not appear, thus, either the treating provider or the applicant were intent on employing the proposed percutaneous electrical nerve stimulation (PENS) in conjunction with a program of functional restoration. The treating provider did not elaborate or expound upon the applicant's prior usage of a TENS unit (if any) prior to the request for PENS therapy being sought. There was no mention of whether the applicant had used a TENS unit in a clinic setting or on a home-based setting on the September 18, 2015 office visit at issue. The attending provider also ordered physical therapy on September 18, 2015, 6 sessions of which were approved via a UR report dated October 20, 2015. It did not appear, thus, that exercise/physical therapy had been definitively deemed a failure prior to the request in question being initiated. Since multiple criteria for pursuit of PENS therapy were not seemingly met, the request was not indicated. Therefore, the request was not medically necessary.