

<b>Case Number:</b>	CM15-0049872		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	09/09/1999
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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 represented 66-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 9, 1999. In a utilization review report dated February 20, 2015, the claims administrator failed to approve a request for an aquatic gym membership, TENS unit pads and batteries, and Lidoderm patches. The claims administrator referenced an RFA form received on February 13, 2015 in its determination. The applicant's attorney subsequently appealed. In a prescription form dated January 13, 2015 and an associated RFA form dated February 13, 2015, the attending provider sought authorization for an aquatic gym membership for three months. TENS unit pads and batteries were also endorsed. No narrative commentary or progress notes were attached to the prescription form and RFA form. In a February 6, 2015 progress note, the applicant reported ongoing complaints of low back pain. The applicant was reportedly using both a TENS unit and an H-wave device. The applicant was also performing independent back exercises at home, the treating provider acknowledged. The applicant's gait was not described or characterized. An aquatic gym membership and TENS unit supplies were proposed, along with continued usage of Lidoderm. The applicant's work and functional status were not detailed. On June 10, 2014, the attending provider again reported that the applicant was currently engaging in an independent home exercise program. Ongoing complaints of low back pain were noted. The applicant's work status was not detailed. TENS unit supplies were endorsed, along with topical Lidoderm patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Aquatic gym membership x 3 months: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gym memberships.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Exercise Page(s): 22; 46.

**Decision rationale:** No, the request for an aquatic gym membership for three months was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, the applicant's gait was not clearly described or characterized on multiple office visits, referenced above, including on February 6, 2015 and June 10, 2014. It was not clearly stated why reduced weight bearing and/or aquatic therapy were preferable to conventional land-based therapy and/or land-based home exercises. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines likewise does not recommend any one particular form of the exercises over another. Here, the attending provider's documentation seemingly suggested that the applicant had in fact transitioned to independently performed home exercises. No clear or compelling rationale for a gym membership and/or specialized equipment to facilitate home exercise was furnished by the attending provider. Therefore, the request was not medically necessary.

**TENS (transcutaneous electrical nerve stimulation) Pads & Batteries: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

**Decision rationale:** Similarly, the request for TENS unit supplies to include pads and batteries was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, usage of a TENS unit beyond an initial one-month trial and, by implication, provision of associated supplies should be predicated on evidence of favorable outcome during said one-month trial, in terms of both pain relief and function. Here, however, the applicant's work and functional status were not detailed either on February 6, 2015 or on June 10, 2014. The applicant's response to previous usage of the TENS unit was not clearly detailed. It is not clearly stated why the applicant needed to use both the TENS unit and an H-wave device. The applicant's complete medication list was not attached. The attending provider did not, in short, establish the presence of functional improvement in terms of parameters established in MTUS 9792.20(f) so as to justify continuing

usage of the TENS unit and, by implication, provision of associated supplies such as the batteries and pads at issue. Therefore, the request was not medically necessary.

**Lidoderm (5%), #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm patches are indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, however, there was no mention of antidepressant adjuvant medication failure and/or anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.