

Case Number:	CM14-0180594		
Date Assigned:	11/05/2014	Date of Injury:	01/03/2013
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/30/2014

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. The expert reviewer is Board Certified in American Board of Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 (IW) is a 37-year-old man with a date of injury of January 3, 2013. The mechanism of injury occurred when he was moving and lifting a propane tank, buckets filled with wax and a buffer machine. The IW has been diagnosed with lumbar radiculopathy, lumbar discopathy at L4-L5 and L5-S1. Prior treatments have included medications, restrictions, pool therapy X 6 (8 sessions authorized on May 15, 2014), MRI, acupuncture, status-post right L4-L5, L5-S1 epidural injection on February 10, 2014, cane, and back brace. EMG/NCV of the lower extremities dated May 31, 2014 revealed findings consistent with a right L5 nerve root injury. MRI of the lumbar spine dated July 1, 2013 revealed straightening of the lordotic curvature. A 2 mm broad based disc endplate osteophyte complex at L3-L4 level making contact with anterior aspect of the thecal sac. Marked loss of disc height and disc desiccation at L5-S1 level. A 4 mm central and right paracentral posterior disc protrusion causing mild pressure of the right S1 nerve root. Pursuant to the progress note dated July 28, 2014, the IW complains of low back pain that occurs intermittently with stiffness and pain with right lower extremity radiculopathy symptoms. The IW also complains of new onset of neck pain for the past month. He denies any recent fall injuries and states that pain in his right knee has dramatically decreased. The IW is currently receiving pool therapy that has increased his flexibility with less pain and decreased his pain medication consumption. Therapy note dated August 5, 2015 indicated that the IW reposts increased tolerance with ambulation. Physical objective findings revealed lumbar spine diffuse tenderness at L1-S1 region including the bilateral paraspinal muscles. Positive straight leg raise test on the right, negative on the left. Examination of the right knee reveals mild tenderness in the medial joint line. Negative McMurray's test, negative Lachman's test, no effusion present. The IW is 5'10" and weighs 200 pounds. The IW has been diagnosed with lumbosacral strain, arthrosis, and discopathy with central and foraminal stenosis. Current medications include

Flexeril, Motrin, and Omeprazole. Plan recommendations include continue home exercises to prevent deconditioning, continue medications, request Pro Stim 5.0 for 6 months, Ketoprofen cream, 2nd epidural and continue with remaining aquatic therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Pool Therapy 2 times a week for 4 weeks for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Pool Therapy Page(s): 22.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines, additional pool therapy two times a week for four weeks to the lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, where available as an alternative to land based therapy. Aquatic therapy can minimize the effects of gravity so is specifically recommended where reduced weight-bearing is desirable for example extreme obesity. In this case, the injured worker had prior group sessions with aquatic therapy. The physical therapist indicated there was increased tolerance with ambulation as a result of aquatic therapy. The medical record does not document why land-based treatments could not be undertaken independent of pool therapy. Objective functional improvement is not indicated or addressed with the prior aquatic therapy. Additionally, changes in activities and daily living as a result of the aquatic therapy are not addressed. There is no evidence of acute flare-up and the injured worker is receiving maintenance care. An additional cited indication is morbid obesity. That is not documented in the record. Consequently additional aquatic therapy two times a week for four weeks to the lumbar spine is not medically necessary.

Pro-Stim 5.0 x 6 months for Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, transcutaneous electrical nerve stimulation (pro-stim) 5.0 for 6 months is not medically necessary. TENS unit (a type of Pro-stim unit) application is not recommended as an isolated intervention, but a one-month home-based TENS trial may be considered as a noninvasive conservative option for chronic back pain, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration including reductions in medication use. In this case, the requesting physician ordered a six month trial of the pro-stim (a

type of TENS unit). TENS of application is indicated for a one-month home-based trial is a noninvasive conservative option for chronic back pain. A six-month trial is outside of the guidelines. Additionally, there are many types of transcutaneous electrotherapy modalities and the information provided for pro-stim 5.0 could not be located on the Internet. Consequently, pro-stim 5.0 for 6 months is not medically necessary.