

<b>Case Number:</b>	CM14-0202428		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	02/04/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Pain 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:

This 38 year-old woman sustained an industrial injury on 4/17/2014 while handling 25-30 pound boxes. The worker sustained injuries to the neck, lumbar spine and sacrum, bilateral legs and bilateral wrists. Current diagnoses include cervicalgia, lumbago, other symptoms referable to back, anxiety state unspecified, depressive disorder not elsewhere classified, myalgia and myositis unspecified. Evaluations include MRI of the lumbar spine showing multilevel disc herniations and facet arthropathy, MRI of the cervical spine showing bulges at C3-C4 and C5-C6 with facet arthropathy. Treatment has included activity modification, oral medications, chiropractic treatment, it is unclear whether the worker received trigger point or toradol injections to the buttocks, TENS unit therapy, physical therapy, and home exercise program. Physician notes dated 10/1/2014 show complaints of not sleeping well, constipation, and nausea. The physical examination shows decreased range of motion to the cervical spine, specifically with rotation and extension, weakness to the bilateral hip flexors, tenderness to palpation diffusely and over cervical paraspinal muscles, upper trapezius, scapular border, lumbar paraspinal muscles, sacroiliac joint region, greater trochanter bursa, and knee. Recommendations were for topical medication, oral medication, continue naproxen, obtain the results of the MRI of the lumbar and cervical spine that were previously performed, EMG and nerve conduction studies of lower extremities, psych evaluation for anxiety and depression, TENS unit for home use, acupuncture and chiropractic therapy. Consideration will be given to epidural steroid injections and lumbar facet medical branch block in the future pending the results of the test results listed above. She is to continue her home exercise program and return in four weeks. The worker is considered temporarily totally disabled. Physician notes dated 10/29/2014 show a very similar evaluation with additional recommendations for pool therapy. It is also noted that the worker wishes to not have the above mentioned injections. On 11/17/2014, Utilization Review

evaluated prescriptions for pool therapy two times per week for six weeks, psych referral, and the purchase of DME/TENS unit. The UR physician noted that there is no rationale given for the need for aquatic therapy and no goals given for therapy. The psych referral appears to have been certified. There is no mention of a previous trial of therapy with a TENS unit. The requests for pool therapy and TENS unit were denied and subsequently appealed to Independent Medical Review.

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

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

#### **Pool Therapy 2 times a week for 6 weeks Cervical/Lumbar: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Physical Medicine Page(s): 22, 98-99.

**Decision rationale:** Regarding the request for aquatic therapy, the Chronic Pain Medical Treatment Guidelines specify that this is an alternative to land-based physical therapy in cases where reduced weight bearing is desirable, such as in extreme obesity. This type of extenuating factor has not been identified in this case. In fact, the patient does not meet criteria for "extreme obesity" and has documentation of a weight of 130 pound and height of 5'2" in a progress note dated 10/1/2014. Therefore, this request is not medically necessary.

#### **Psych Referral: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter 7, Page 127

**Decision rationale:** On two separate utilization review from 10/29/2014 and 11/17/2014, the request for a psychiatry consult was approved for the patient for evaluation of due to persistent symptoms of depression of more than 3 months. The patient has documented depression and anxiety in her history. It is unclear why an independent medical review is requested as the consult was previously approved.

#### **DME/TENS unit purchase: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Nerve Stimulation).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrical Nerve Stimulation (TENS) Page(s): 114-117.

**Decision rationale:** Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is indication that the patient has undergone a TENS unit trial based on a progress note dated 10/1/2014, however, there's no documentation of functional gain and subjective improvement in terms of pain scale. Additionally, a progress note dated on 11/24/2014 indicated the patient is responding well to physical therapy. Another progress note on 10/29/2014 indicated good response to oral medication. Furthermore, it is unclear what other treatment modalities are currently being used within a functional restoration approach. Therefore, the currently requested TENS unit is not medically necessary.