

Case Number:	CM14-0218108		
Date Assigned:	01/07/2015	Date of Injury:	03/12/2011
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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: New Jersey

Certification(s)/Specialty: Family Practice

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 62 year old male was a limousine driver when he sustained an injury on March 12, 2011. He injured his back when he lifted luggage out of his car trunk. Past treatment included pain, non-steroidal anti-inflammatory, antidepressant, and anti-epilepsy medication; physical therapy, medical branch blocks without benefit, and lumbar epidural injections. On March 29, 2011, an MRI of the lumbar spine revealed a broad-based disc protrusion and an extruded disc fragment at L4-L5, extending inferiorly into the right lateral recess with impingement upon the right L5 nerve root. On April 20, 2011, the injured worker underwent a lumbar microdiscectomy. On May 7, 2011, a repeat MRI was performed due to increased back and buttock pain three days after surgery. The repeat MRI revealed a right-sided re-herniation of a disc at L4-L5. The records refer to a prior course of postsurgical physical therapy, but do not provide specific dates of service or results. On January 23, 2013, an MRI of the lumbar spine revealed postoperative changes of right-sided laminectomy with an annular bulge and broad-based right lateral protrusion and facet spurring. There was moderate bilateral foraminal stenosis, which was greater on the right than the left. There was no significant interval change from the prior exam. On September 9, 2014, the treating physician noted the injured worker had some benefit from a lumbar epidural steroid injection. The injured worker had continued back pain with some numbness of the legs. He uses a single-point cane to ambulate, and is doing home exercise program one to two times a week. The physical exam revealed pod bilateral straight leg raise, decreased sensation of bilateral feet, decreased strength, decreased bilateral ankle reflex, 10% decreased range of motion of the back in all planes and a scar of the cervical spine. Diagnoses

were chronic myofascial pain, chronic lumbar spine strain, lumbosacral radiculopathy, and status post lumbosacral spine surgery. The physician recommended continuing pain and anti-epilepsy medications. Current work status was not included in the provided medical records. The worker saw the requesting physician (neurologist) on 12/1/14, but the progress note was not included in the documents for review. The UR reviewer stated that in that progress note it was documented that the worker reported his pain in his left leg being worse, with itching and burning for which he took hydrocodone and Lunesta. He was then prescribed topical medications, TENS, physical therapy, and acupuncture. On December 10, 2014 Utilization Review non-certified a prescription for 8 sessions of acupuncture for the lumbar spine, a prescription for a trial of physical therapy, and a request for a TENS (transcutaneous electrical nerve stimulation) unit requested on December 3, 2014. The acupuncture was non-certified based on the lack of documentation of pain medication being reduced or not tolerated, and that acupuncture was being used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The physical therapy was non-certified based on the lack of documentation of neuralgias or myalgias indicative of lumbar radiculopathy in the exam findings. The TENS unit was non-certified based on the lack of documentation of use in conjunction with evidence-based functional restoration. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines for acupuncture, physical medicine, and TENS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of acupuncture for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS Acupuncture Guidelines state acupuncture may be used as an adjunct therapy modality to physical rehabilitation or surgical intervention to hasten recovery and to reduce pain, inflammation, increase blood flow, increase range of motion, decrease the side effects of medication induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Acupuncture is allowed as a trial over 3-6 treatments and 1-3 times per week up to 1-2 months in duration with documentation of functional and pain improvement. Extension is also allowed beyond these limits if functional improvement is documented. In the case of this worker, there was no evidence of the previously completed acupuncture allowing the worker measurable gains in function or pain-reduction as this was not documented in the notes available for review. Therefore, continuing acupuncture would be considered medically unnecessary.

Trial of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, as seen in the documentation provided, reported being able to perform home exercises for his low back. He had already completed his post-surgical physical therapy, reportedly, which was years prior. There was no evidence to suggest he required additional supervised physical therapy. Therefore, the 8 additional physical therapy sessions will be considered medically unnecessary.

TENS (transcutaneous electrical nerve stimulation) Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS Page(s): 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, although there was reported evidence of performing home exercises during the week, there was no evidence to show that a trial of a TENS was beneficial, which would be required before consideration for a TENS purchase would be justified. Therefore, the TENS unit will be considered medically unnecessary.