

<b>Case Number:</b>	CM14-0218119		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/15/2012
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male sustained a work related injury on 8/15/2012. The current diagnoses are chronic headaches, chronic cervical strain, chronic lumbar strain, status post lumbar discectomy (2003), bilateral upper and lower extremity radiculopathy, anxiety, and depression. According to the progress report dated 10/7/2014, the injured workers chief complaints were persistent pain in the neck, lower back, and bilateral hands. He rates his neck and low back pain 7/10 and the bilateral hand pain 5-6/10. He also continues to have radiation of pain from the neck into the bilateral arms and from the low back into the bilateral legs. The physical examination of the cervical spine revealed tenderness over the paraspinal muscles and trapezius muscles bilaterally. There was decreased range of motion. There was positive shoulder depression and Spurling's bilaterally. There was normal strength, but decreased sensation bilaterally at C5, C6, C7, and C8. Examination of the lumbar spine revealed decreased range of motion. There was tenderness over the paraspinal muscles, left greater than right. Kemp's test was positive bilaterally. Straight leg raise test was positive on the left at 70 degrees to posterior thigh. Current medications are Norco, Flexeril, and Prilosec. On this date, the treating physician prescribed physical therapy to the cervical and lumbar spine, 30 day TENS unit trial, and consultation with spine specialist regarding cervical and lumbar spine, which is now under review. In addition to physical therapy, TENS unit, and spine specialist, the treatment plan included Norco, Flexeril, Prilosec, Kera-tek analgesic gel, and urine toxicology screen. When physical therapy, TENS unit, and spine specialist was first prescribed work status was to return to modified work. On 12/1/2014, Utilization Review had non-certified a prescription for physical therapy to the cervical and

lumbar spine, 30 day TENS unit trial, and consultation with spine specialist regarding cervical and lumbar spine. The physical therapy was non-certified based on no documentation of subjective or objective improvement with previous physical therapy. The TENS unit was non-certified based on the claimant not meeting the recommended criteria. The spine specialist was non-certified based on no reported red flags relative to the back and neck. The California MTUS ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

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

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

**Physical therapy 2x6 for the cervical and lumbar spine:** Upheld

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

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

**Decision rationale:** The patient presents with cervical pain rated 08/10 with radiation into the right arm, lumbar spine pain rated 08/10 with radiation into the bilateral legs as well as bilateral hand pain rated 06/10. The request is for physical therapy 2 x 6 for the cervical and lumbar spine. Patient is status post lumbar surgery discectomy in 2003. Physical examination to the midline cervical and lumbar spine 11/05/14 revealed tenderness to palpation, limited flexion and extension due to pain, and hypertonic paraspinal musculature. Gait was normal. Both lower extremities were normal neurologically. The patient is to return to modified duty. MTUS pages 98,99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits over 4 weeks are recommended." In this case, the patient continues to have significant cervical and lumbar pain despite previous physical therapy treatments. Treater does not explain why on-going therapy is needed and why the patient is unable to transition into a home exercise program. Furthermore, detailed documentations and history regarding the previous PT treatments, such as number of sessions or duration were not provide. Given the lack of efficacy as well as inadequate documentation required for assessing qualifications, the request IS NOT medically necessary.

**30 day trial of TENS (transcutaneous electrical nerve stimulation) unit:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation Page(s): 114-116.

**Decision rationale:** The patient presents with cervical pain rated 08/10 with radiation into the right arm, lumbar spine pain rated 08/10 with radiation into the bilateral legs as well as bilateral hand pain rated 06/10. The request is for 30 DAY TRIAL OF TENS. Patient is status post lumbar surgery discectomy in 2003. Physical examination to the midline cervical and lumbar spine 11/05/14 revealed tenderness to palpation, limited flexion and extension due to pain, and hypertonic paraspinal musculature. Gait was normal. Both lower extremities were normal neurologically. The patient is to return to modified duty. For TENS unit, MTUS guidelines, on page 116, require (1) Documentation of pain of at least three months duration (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed. (3) A one-month trial period of the TENS unit 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; rental would be preferred over purchase during this trial. (4) Other ongoing pain treatment should also be documented during the trial period including medication usage (5) A treatment plan including the specific short- and long-term goals of treatment with the Tens unit should be submitted (6) A 2-lead unit is generally recommended; if a 4-lead unit is recommended, MTUS recommends TENS for neuropathic pain, CRPS, Multiple Sclerosis, Phantom pain, and spasticity pain. Per progress report dated 11/05/14, treater states that "the patient has also noted benefit from the home TENS unit". Given the patient's diagnosis of post-laminectomy syndrome with persistent radicular features, a trial of TENS unit is appropriate. The request 30-day rental IS medically necessary.

**Consultation with spine specialist regarding cervical and lumbar spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Education. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7

**Decision rationale:** The patient presents with cervical pain rated 08/10 with radiation into the right arm, lumbar spine pain rated 08/10 with radiation into the bilateral legs as well as bilateral hand pain rated 06/10. The request is for CONSULTATION WITH SPINE SPECIALIST REGARDING CERVICAL AND LUMBAR SPINE. Patient is status post lumbar surgery discectomy in 2003. Physical examination to the midline cervical and lumbar spine 11/05/14 revealed tenderness to palpation, limited flexion and extension due to pain, and hypertonic paraspinal musculature. Gait was normal. Both lower extremities were normal neurologically. The patient is to return to modified duty. The American College of Occupational and Environmental Medicine (ACOEM), Second Edition, (2004), chapter 7, page 127 states that "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work." In this case, the patient continues to have

significant cervical and lumbar pain despite previous conservative treatments. A review of the available reports does not indicate prior consultation with a spine specialist. Per the progress report dated 11/05/14, treater states: "the patient should also be seen by a spine specialist..." for evaluation and further treatment recommendations. Given the patient's chronic condition, expert advise from a specialist may benefit the patient at this stage and help manage symptoms more effectively. This request IS medically necessary.