

<b>Case Number:</b>	CM15-0013854		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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:

This 45 year old female sustained an industrial injury on 1/13/12. She subsequently reports chronic low back pain. Diagnoses include lumbar strain and lumbar disc bulge. Prior treatments include injections, physical therapy and Ibuprofen. The UR decision dated 1/14/15 non-certified Physical Therapy two (2) times a week for three (3) weeks for the low back, Lumbar Epidural L4-L5 and TENS purchase. The Physical Therapy two (2) times a week for three (3) weeks for the low back and TENS purchase were denied based on Chronic Pain Medical Treatment Guidelines. The Lumbar Epidural L4-L5 was denied based on ODG and Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy two (2) times a week for three (3) weeks for the low back:** 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 based on Non-MTUS Citation Pain section, Physical therapy

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 times a week for 3 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are lumbar strain; lumbar disc bulge; and plantar fasciitis caused by altered gait. Subjectively, the injured worker states she was given a TENS unit that decreased pain by 25 to 50% for several hours. She has low back pain is constant, worse with prolonged activity and better with rest, radiates to the left hip. Objectively, injured worker has intact sensation; 2+ reflexes; manual muscle testing 5/5; and straight leg raising on the left positive. There was no other neurologic evaluation done. There was no objective evidence of radiculopathy. The documentation indicates the injured worker had six physical therapy sessions. The indication for physical therapy was lumbago. The documentation went on to say one session of physical therapy was for the low back. The exact number of physical therapy sessions appears to be #6, but is unclear. The guidelines state when treatment duration and/or number of visits exceed the guidelines, exceptional factors should be noted. There is no compelling documentation indicating additional physical therapy is warranted. Consequently, absent compelling clinical documentation of physical therapy with evidence of objective functional improvement, physical therapy two times a week for three weeks is not medically necessary.

#### **Lumbar epidural L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Criteria for the use of Epidural steroid injections

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46. Decision based on Non-MTUS Citation Low back section, Epidural steroid injections

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, epidural steroid injection at L4 to L5 is not medically necessary. Epidural steroid injections are recommended as an option for treatment of radicular pain. The criteria are enumerated in the Official Disability Guidelines. The criteria include, but are not limited to, radiculopathy must be documented by physical examination and corroborated by imaging studies and or electrodiagnostic testing; initially unresponsive to conservative treatment (exercises, physical methods, nonsteroidal anti-inflammatory's and muscle relaxants); etc. See the guidelines for details. In this case, the injured worker's working diagnoses are lumbar strain; lumbar disc bulge; and plantar fasciitis caused by altered gait. Subjectively, the injured worker states she was given a TENS unit that the decreased pain by 25 to 50% for several hours. She has low back pain is constant, worse with prolonged activity and better with rest, radiates to the left hip. Objectively, injured worker has intact sensation, 2+ reflexes, manual muscle testing 5/5 straight leg raising on the left positive. There was no other neurologic evaluation done. There was no objective evidence of radiculopathy. The documentation does not contain evidence of

radiculopathy. Additionally, imaging studies or electrodiagnostic studies did not corroborate radiculopathy. Consequently, absent clinical documentation of radiculopathy corroborated by imaging studies and for electrodiagnostic studies, epidural steroid injection at L4 to L5 is not medically necessary.

**Purchase of 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 TENS Unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS Unit

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit for purchase is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial. Including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are lumbar strain; lumbar disc bulge; and plantar fasciitis caused by altered gait. Subjectively, the injured worker states she was given a TENS unit that the decreased pain by 25 to 50% for several hours. She has low back pain is constant, worse with prolonged activity and better with rest, radiates to the left hip. Objectively, injured worker has intact sensation, 2+ reflexes, manual muscle testing 5/5 straight leg raising on the left positive. There was no other neurologic evaluation done. The injured worker states she was given a TENS unit that decrease pain by 25 to 50% for several hours. A one month trial is indicated prior to purchasing a TENS unit. Additionally, the treating physician should submit specific short and long-term goals. The trial should be documented as an adjunct to ongoing treatment modalities within a functional restoration approach with documentation of how often it was used as well as outcomes in terms of pain relief and function. After a successful one month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. The treating physician did not document how often the unit was used as well as objective outcomes in terms of pain relief and function. Additionally, the treating physician did not document whether the patient is likely to derive a significant therapeutic benefit from continued use of the unit over a long period of time. Consequently, absent clinical documentation with a one-month clinical trial, documentation indicating whether the injured worker is likely to derive a significant therapeutic benefit and the objective outcomes in terms of pain relief and function from the clinical trial, TENS unit for purchase is not medically necessary