

<b>Case Number:</b>	CM15-0175578		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	03/14/2015
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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:

The injured worker is a 36 year old male who sustained an industrial injury on 3-14-15 resulting in back injury. In 2010, he injured both ankles. He is currently working with restrictions. Diagnoses included L4, L5 retrolisthesis; L4, L5 disc herniation; bilateral plantar fasciitis. He currently (7-20-15) complains of persistent pain in the lumbar spine radiating to the right lower extremity with a pain level of 5 out of 10; constant right and left foot pain with a pain level of 7-8 out of 10 and 7 out of 10 respectively. On physical exam of the lumbar spine there was tenderness to palpation, limited range of motion, bilateral straight leg raise was positive in the right lower extremity and negative in the left lower extremity; right foot exam revealed tenderness to palpation over the lateral compartment in addition to the plantar fascia and evidence of pes planus; left foot revealed tenderness to palpation over the posterior compartment with evidence of pes planus. Diagnostics included MRI of the lumbar spine (3-26-15) showing mild retrolisthesis of L4 on L5 with mild discogenic disease with mild neural foraminal narrowing right greater than left. Treatments to date include medications: (current) Anaprox, (prior) nabumetone, cyclobenzaprine; per the 4-23-15 progress note, the injured worker had 6 sessions of physical therapy, which was inadequate. In the 7-20-15 progress note the treating provider's plan of care included requests for physical therapy for the lumbar spine and bilateral ankles twice per week for six weeks; transcutaneous electrical nerve stimulator unit 30 day trial. The request for authorization dated 7-30-15 indicated physical therapy for the lumbar spine and bilateral ankles twice per week for six weeks; transcutaneous electrical nerve stimulator unit 30 day trial. On 8-4-15 utilization review evaluated and non-certified the

requests for transcutaneous electrical nerve stimulator unit 30 day trial based on not meeting diagnoses guidelines or symptoms suggestive of neuropathic pain; 12 physical therapy sessions based on the fact that he had 12 prior sessions (per 5-27-15 note which was not present) without evidence of significant functional improvement.

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

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

**30 day trial: TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, TENS unit.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 30 day trial TENS unit 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 should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; 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. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. See the guidelines for additional details. In this case, the injured worker's working diagnoses are L4-L5 retrolisthesis; L4-L5 disc herniation; and bilateral plantar fasciitis. Date of injury is February 14, 2015. Request for authorization is July 20, 2015. According to an April 23, 2015 progress note, the injured worker received six prior physical therapy sessions with inadequate results. According to review #463797 dated May 27, 2015, the injured worker was authorized six additional physical therapy sessions for a total of 12. According to a July 20, 2015 progress note, subjectively the injured worker complains of lumbosacral pain that radiates to the right lower extremity. Objectively, there is tenderness palpation with full range of motion with no neurologic deficit. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy as clinically indicated. Blue Cross considers TENS investigational for treatment of chronic back pain, chronic pain and postsurgical pain. CMS in an updated memorandum concluded TENS is not reasonable and necessary for the treatment of chronic low back pain based on the lack of quality evidence for effectiveness. Based on clinical information in the

medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations based on the CMS updated memorandum, 30 day trial TENS unit is not medically necessary.

**12 physical therapy sessions for the lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

**Decision rationale:** Pursuant and to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions lumbar spine is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker-s working diagnoses are L4-L5 retrolisthesis; L4-L5 disc herniation; and bilateral plantar fasciitis. Date of injury is February 14, 2015. Request for authorization is July 20, 2015. According to an April 23, 2015 progress note, the injured worker received six prior physical therapy sessions with inadequate results. According to review #463797 dated May 27, 2015, the injured worker was authorized six additional physical therapy sessions for a total of 12. According to a July 20, 2015 progress note, subjectively the injured worker complains of lumbosacral pain that radiates to the right lower extremity. Objectively, there is tenderness palpation with full range of motion with no neurologic deficit. There are no physical therapy progress notes in the medical record. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no compelling clinical facts indicating additional physical therapy is warranted and no documentation demonstrating objective functional improvement from prior physical therapy (12 sessions), 12 physical therapy sessions lumbar spine is not medically necessary.