

Case Number:	CM15-0179539		
Date Assigned:	09/21/2015	Date of Injury:	06/13/2014
Decision Date:	10/23/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/11/2015

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 46 year old female, who sustained an industrial injury on 06-13-2014. She has reported subsequent back pain and was diagnosed with lumbosacral sprain, moderate disc herniations at T10-T11 and small disc herniations with facet arthropathy at L4-L5 and L5-S1. MRI of the lumbar spine dated 06-24-2014 showed small disc herniations with facet arthropathy at L4-L5 and L5-S1 and moderate disc herniations at T10-T11. Treatment to date has included oral pain medication, physical therapy and a lumbar epidural steroid injection (LESI). In a progress note dated 08-13-2015, the injured worker reported continued improvement in low back symptoms since receiving a LESI at L5-S1 on 06-15-2015 and increased range of motion and decreased lower back pain after six sessions of physical therapy. The injured worker reported the ability to reduce the frequency of pain medication as a result of LESI and physical therapy but the injured worker was noted to continue to have ongoing pain, stiffness and soreness of the low back primary on the left side. Objective examination findings showed that the lumbar spine was non-tender to palpation and revealed decreased range of motion of the cervical spine. Work status was documented as modified. The physician noted that due to continued pain and restricted range of motion of the lumbar spine, additional physical therapy would be requested. The physician noted that the injured worker had received a total of 14 physical therapy visits thus far and that a transcutaneous electrical nerve stimulator (TENS) and moist heating pads were used during the sessions which the injured worker reported had greatly relieved the symptoms. A request for authorization of physical therapy additional x 6 sessions for the low back, electrical stimulation unit and moist heat pads was submitted. As per the 08-

21-2015 utilization review, the requests for physical therapy additional x 6 sessions for the low back, electrical stimulation unit and moist heat pads were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy additional x 6 sessions for low back: 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): 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, physical therapy additional six sessions to the low back 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 exceeds the guideline, exceptional factors should be noted. In this case, the injured workers working diagnoses are lumbosacral sprain; moderate disc herniations T10 - T11; old compression fractures T 10 and T 11; and small disk herniations with facet arthropathy L4 - L5 and L5 - S1. Date of injury is June 13, 2014. Request for authorization is August 13, 2015. According to an August 13, 2015 progress note, each worker has improved low back pain status post epidural steroid injection and physical therapy. The documentation indicates the injured worker received six sessions of physical therapy. The utilization review states the injured worker received 14 sessions of physical therapy. The injured worker complains of ongoing low back pain. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines (10 visits over eight weeks). There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no compelling clinical documentation indicating additional physical therapy over the recommended guidelines is clinically indicated and the injured worker is engaged in a home exercise program, physical therapy additional six sessions to the low back is not medically necessary.

Electrical stimulation 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, electrical stimulation (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 workers working diagnoses are lumbosacral sprain; moderate disc herniations T10 - T11; old compression fractures T 10 and T 11; and small disk herniations with facet arthropathy L4 - L5 and L5 - S1. Date of injury is June 13, 2014. Request for authorization is August 13, 2015. According to an August 13, 2015 progress note, each worker has improved low back pain status post epidural steroid injection and physical therapy. The documentation indicates the injured worker received six sessions of physical therapy. The utilization review states the injured worker received 14 sessions of physical therapy. The injured worker complains of ongoing low back pain. The documentation indicates the injured worker received TENS for six sessions of physical therapy over three weeks. The guidelines recommend a one month clinical trial. There is no documentation the injured worker had a TENS trial for one month. 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 the clinical information in the medical record, peer-reviewed evidence-based guidelines, no clinical documentation of a one-month clinical trial and guideline non-recommendations (Blue Cross and CMS) for TENS, electrical stimulation (TENS) unit is not medically necessary.

Moist heat pads: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cold/heat packs.

Decision rationale: Pursuant to the Official Disability Guidelines, moist heat pads are not medically necessary. Cold/heat packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter application of heat packs or cold pack. Continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. Evidence for application of cold treatment to low back pain is more limited than the therapy. There is minimal evidence

supporting the use of cold therapy, but heat therapy has been found to be helpful for pain reduction and return to normal activities. In this case, the injured workers working diagnoses are lumbosacral sprain; moderate disc herniations T10 - T11; old compression fractures T 10 and T 11; and small disk herniations with facet arthropathy L4 - L5 and L5 - S1. Date of injury is June 13, 2014. Request for authorization is August 13, 2015. According to an August 13, 2015 progress note, each worker has improved low back pain status post epidural steroid injection and physical therapy. The documentation indicates the injured worker received six sessions of physical therapy. There is no clinical indication for a moist heat wrap. There is no contraindication to the injured worker using heat provided at home in the form of hot packs or other heat related sources. Based on the clinical information the medical record, peer-reviewed evidence-based guidelines and guideline non-recommendations, moist heat pads is not medically necessary.