

<b>Case Number:</b>	CM15-0179671		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	02/28/2014
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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

Certification(s)/Specialty: Emergency 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 35 year old male, who sustained an industrial injury on February 28, 2014, resulting in pain or injury to the back, trunk, and lumbar spine. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar disc displacement, lumbago, lumbar sprain, spinal stenosis of the lumbar region, and status post lumbar spine surgery. On August 5, 2015, the injured worker reported frequent moderate to 6 out of 10 dull, achy, throbbing low back pain, stiffness, numbness, tingling, and weakness. The Primary Treating Physician's report dated August 5, 2015, noted no bruising, swelling, atrophy, or lesion present at the lumbar spine, with the treatment plan noted to include a request for a Functional Capacity Evaluation (FCE), spine surgeon consultation, LINT therapy, psych consultation, aqua therapy, and urine toxicology. The injured worker was noted to remain off work until September 19, 2015. A Trigger point Impedance Imaging dated August 17, 2015, was noted to show ten clinically relevant trigger points identified and mapped with the impedance map consistent with the diagnosis of lumbar spine and myofascial pain syndrome. The Primary Treating Physician's Initial Evaluation and Report dated June 10, 2015, noted the injured worker complaining of constant pain on his back, trunk, and lumbar spine. The injured worker was noted to have undergone low back surgery on October 23, 2014. The injured worker was noted to be taking over-the-counter (OTC) Advil for pain as needed. The Primary Treating Physician's report dated March 31, 2015, noted the injured worker reporting his symptoms improved, with back and leg pain, having minimal difficulty with activities of daily living (ADLs), and noted to have reached maximal medical improvement with regards to the lumbar spine. The request for authorization

dated August 5, 2015, requested a functional capacity evaluation, consultation with a spine surgeon, a urine toxicology test, aqua therapy 2 times a week for 4 weeks, and LINT (Localized Intense Neurostimulator Therapy) therapy x 6 sessions. The Utilization Review (UR) dated August 12, 2015, non-certified the requests for a functional capacity evaluation, consultation with a spine surgeon, a urine toxicology test, aqua therapy 2 times a week for 4 weeks, and LINT (Localized Intense Neurostimulator Therapy) therapy x 6 sessions.

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

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

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations pages 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fit for Duty/Functional capacity evaluation.

**Decision rationale:** The request is for a functional capacity evaluation. The MTUS guidelines are silent regarding this issue. The ODG state the following: Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) In this case a functional capacity evaluation is not indicated. There is inadequate documentation of the patient and employer actively participating in determining the suitability of a particular job. As such, the request is not medically necessary.

**Consultation with spine surgeon:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** The request is for specialty consultation. The ACOEM guidelines state the following regarding referral for surgical consultation: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. Based on the records the patient does have ongoing symptoms and failure of resolution with conservative therapy. There is inadequate documentation of physical exam findings of a change in the patient's neurologic exam or objective signs of neural compromise. As such, pending further information, the request is not medically necessary.

**LINT (Localized Intense Neurostimulator Therapy) therapy x 6 sessions:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic (Acute & Chronic)/Hyperstimulation analgesia.

**Decision rationale:** The request is for Localized Intense Therapy to aid in pain relief. The MTUS guidelines are silent regarding this issue. The Official Disability Guidelines state the following: Not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer (██████████). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet non-painful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural pain killers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over, or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyperstimulation analgesia with localized, intense, low-rate electrical pulses applied to painful

active myofascial trigger points was found to be effective in 95% patients with chronic nonspecific low back pain, in a clinical validation study. (Gorenberg, 2013) The results of this current pilot study show that treatment with this novel device produced a clinically significant reduction in back pain in almost all patients after four treatment sessions. (Gorenberg, 2011) As stated above, this treatment is not indicated. This is secondary to poor high quality clinical evidence of effectiveness. As such, the request is not medically necessary.

**Urine toxicology test:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Urine drug testing (UDT).

**Decision rationale:** The request is for a urine drug screen. The ODG states the following regarding this topic: Recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. This information includes clinical observation, results of addiction screening, pill counts, and prescription drug monitoring reports. The prescribing clinician should also pay close attention to information provided by family members, other providers and pharmacy personnel. State and local laws may dictate the frequency of urine drug testing. Indications for UDT: At the onset of treatment: (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids, screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. See Opioids, indicators for addiction & misuse. Ongoing monitoring: (1) If a patient has evidence of a "high risk" of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. See Opioids, tools for risk stratification & monitoring. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. The frequency of drug testing is indicated below: Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be

for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. In this case, a urine drug screen is not supported by the guidelines. This is secondary to inadequate documentation of risk level commensurate to the frequency of evaluation requested. As such, it is not medically necessary.

**Aqua therapy 2 times a week for 4 weeks: 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): Aquatic therapy.

**Decision rationale:** The request is for aquatic therapy. The MTUS states the following regarding this topic: Recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007) In this case, there is insufficient documentation to justify this therapy. As stated above, aquatic treatment is indicated when reduced weight bearing is desirable, as it minimizes the effects of gravity. There is no explanation in the records as to why this would be of benefit as opposed to land based therapy. As such, the request is not medically necessary.