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| <b>Case Number:</b>   | CM15-0070033 |                              |            |
| <b>Date Assigned:</b> | 04/17/2015   | <b>Date of Injury:</b>       | 01/31/2008 |
| <b>Decision Date:</b> | 06/30/2015   | <b>UR Denial Date:</b>       | 03/13/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/13/2015 |

### 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: 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:

The injured worker is a 59 year old female, who sustained an industrial injury on 01/31/2008. She has reported subsequent back pain and was diagnosed with chronic pain syndrome. Treatment to date has included oral and topical pain medication and an H wave stimulator unit. In a progress note dated 09/02/2014, the injured worker complained of back and left leg pain. Objective findings were notable for tightness/tenderness of the bilateral lumbosacral paraspinal muscles, positive right straight leg raise and a slow, antalgic gait. A request for authorization of repeat MRI of the lumbar spine, 12 aquatic therapy sessions, two handicap toilets and replacement of H-wave stimulation unit was submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Repeat lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back (update 3/3/15).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official disability guidelines Low back chapter, MRI.

**Decision rationale:** The patient was injured on 01/13/08 and presents with mid-back pain, low back pain, right buttock pain, left leg pain, leg/foot numbness, and bilateral leg cramps. The request is for a REPEAT LUMBAR SPINE MRI due to "worsening of disk injury/nerve root impingement." There is no RFA provided and the patient is on permanent disability. The patient has had a prior MRI of the lumbar spine; however, the findings of this MRI are not provided. For special diagnostics, ACOEM Guidelines page 303 states, "Unequivocal and equivocal objective findings that identified specific nerve compromise on neurological examination or sufficient evidence to warrant imaging in patient who did not respond well to retreatment and who could consider surgery an option. Neurological examination is less clear; however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG Guidelines on low back chapter MRI topics states that "MRIs are tests of choice for patients with prior back surgery, but for uncomplicated low back with radiculopathy, not recommended until at least 1 month of conservative care, sooner if severe or progressive neurologic deficit." The patient has tightness/tenderness of the bilateral lumbosacral paraspinal muscles. She is diagnosed with chronic low back pain and chronic pain syndrome. The patient had a prior MRI of the lumbar spine (date of MRI not indicated). The treater is requesting for an updated MRI of the lumbar spine due to "worsening of disk injury/nerve root impingement." Review of the reports provided does not mention if the patient had a recent surgery or any recent therapy. Although the treater would like an update MRI of the lumbar spine due to worsening pain, there are no new injuries, no significant change on examination findings, no bowel/bladder symptoms, or new location of symptoms to warrant an updated MRI. Therefore, the requested repeat MRI of the lumbar spine IS NOT medically necessary.

**12 aquatic therapy sessions 2 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Vol2. 3rd Ed (2011) Low Back, Clinical Measures, p. 448.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

**Decision rationale:** The patient was injured on 01/13/08 and presents with mid-back pain, low back pain, right buttock pain, left leg pain, leg/foot numbness, and bilateral leg cramps. The request is for 12 AQUATIC THERAPY SESSIONS 2 TIMES A WEEK FOR 6 WEEKS for flare up control/functional restoration. There is no RFA provided and the patient is on permanent disability. Review of the reports provided does not indicate if the patient had any prior aquatic therapy. MTUS Chronic Pain Medical Treatment Guidelines page 22 state, aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect of gravity, so it is specifically recommended where reduced weightbearing is desirable, for example, extreme obesity. For recommendations on the number of supervised visits, see physical

medicine. Water exercise improves 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." MTUS pages 98 and 99 have 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 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis 8 to 10 visits are recommended. The patient has tightness/tenderness of the bilateral lumbosacral paraspinal muscles. She is diagnosed with chronic low back pain and chronic pain syndrome. Review of the reports provided does not indicate if the patient has had any prior aquatic therapy. The treater is requesting for aquatic therapy for flare up control/functional restoration. There is no indication of any recent surgery the patient may have had nor is there any discussion provided as to why the patient could not complete land-based therapy. None of the reports mention that the patient is extremely obese and there is no discussion as to why the patient requires weight-reduced exercises. Furthermore, the requested 12 sessions of aquatic therapy exceeds what is allowed by MTUS Guidelines. The requested aquatic therapy IS NOT medically necessary.

**Two handicap toilets:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg (web: updated 3/3/15) and on the Clinical Policy bulletin Bathroom and Toilet Equipment and supplies #0429, 7/12/13.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee and Leg Chapter, DME.

**Decision rationale:** The patient was injured on 01/13/08 and presents with mid-back pain, low back pain, right buttock pain, left leg pain, leg/foot numbness, and bilateral leg cramps. The request is for TWO HANDICAP TOILETS "for her 2 bathrooms for bathroom ADLs." There is no RFA provided and the patient is on permanent disability. MTUS guidelines do not address durable medical equipment (DME). The ODG guidelines, under Knee and Leg Chapter, for DME states, "Certain DME toilet items, commodes, bed pans, etc., are medically necessary if the patient is bed- or room-confined, and devices such as raised toilet seats, commode chairs, sitz baths and portable whirlpools may be medically necessary when prescribed as part of a medical treatment plan for injury, infection, or conditions that result in physical limitations." The patient has tightness/tenderness of the bilateral lumbosacral paraspinal muscles. She is diagnosed with chronic low back pain and chronic pain syndrome. The treater is requesting for two handicap toilets for the patient's "2 bathrooms for bathroom ADLs." The 12/12/14 report states that the patient reports "great difficulty getting off the toilet seat due to pain and weakness of her back and left leg." There is no other explanation or further medical reasoning as to why the patient needs two handicap toilets. The request is also vague with no explanation as what the handicap toilets are to entail. The patient suffers from chronic low back pain and while transfers may cause some pain, the patient is capable of toiletry. Raised seat with hand rails may suffice, but the request does not specify this. The patient is not wheel chair or bed bound either. Therefore, the requested two handicap toilets ARE NOT medically necessary.

**Replacement H-wave Stim Unit: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Stimulation (HWT) Page(s): 117.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave device Page(s): 117-118.

**Decision rationale:** The patient was injured on 01/13/08 and presents with mid-back pain, low back pain, right buttock pain, left leg pain, leg/foot numbness, and bilateral leg cramps. The request is for a REPLACEMENT H-WAVE STIM UNIT for pain/spasm control and improved circulation. There is no RFA provided and the patient is on permanent disability. Per MTUS Guidelines page 117-118, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a noninvasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." MTUS further states that trial periods of more than 1 month should be justified by documentations submitted for review. Prior TENS unit failure is required as well. The patient has tightness/tenderness of the bilateral lumbosacral paraspinal muscles. She is diagnosed with chronic low back pain and chronic pain syndrome. Treatment to date has included oral and topical pain medication and an H wave stimulator unit. It appears that the patient has been using the H-wave unit for some time; however, there is no indication of how long the patient used this unit for, how frequently she has been using it, no evidence of a 1 month trial as indicated by MTUS guidelines, and no clear documentation of any benefit with the TENS. The details, history and efficacy of the prior H-wave unit are unclear. Therefore, the requested replacement H-wave stim unit IS NOT medically necessary.