

Case Number:	CM13-0014677		
Date Assigned:	10/04/2013	Date of Injury:	04/18/2012
Decision Date:	01/23/2014	UR Denial Date:	07/27/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 45-year-old male who sustained an occupational injury on 04/18/2012. Review of the documentation provided reveals that the patient is being treated for low back pain. The most recent objective documentation revealed findings of tenderness to palpation of the bilateral paravertebral musculature/lumbosacral junction/left gluteal musculature, spasm; positive straight leg raising test with pain radiating to calf; decreased range of motion, normal muscle bulk and tone, and normal reflexes. The patient's previous treatment history consists of physical therapy, medication, and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture visits unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side

effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. While the patient's most recent documentation does reveal both subjective and objective evidence that the patient continues to suffer from some chronic pain secondary to his compensable injuries, the physician request as written simply indicates treatment with acupuncture. The requesting physician failed to provide the frequency and duration of the requested treatments. Without the specifics of this detail, this request cannot be supported and is therefore non-certified.

Pool therapy visits unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: The CA MTUS indicates that 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 the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. While the documentation submitted for review does indicate the patient has a height of 6 feet and weight of 380 pounds, which may qualify the patient for some aquatic therapy secondary to obesity, the physician request is for pool therapy visits, unknown quantity. Without the frequency and duration of these visits being specified by the requesting physician, this request cannot be supported and is therefore non-certified.

1 follow up with pain management specialist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The CA MTUS indicates that the physician treating in the workers' compensation system must be aware that just because an injured worker has reached a permanent and stationary status or maximal medical improvement does not mean that they are no longer entitled to future medical care. The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. There is no set visit frequency. This should be adjusted to the patient's need for evaluation of adverse effects, pain status, and appropriate use of medication, with recommended duration between visits from 1 to 6 months. According to the most recent documentation submitted for review from 06/21/2013, the patient has been receiving treatment from [REDACTED] who is certified in pain management. In addition, the patient's current medication regimen includes MS Contin, Norco, naproxen, and diazepam. While this request does appear to have been previously non-certified, the reviewer indicated in his rational that he was non-

certifying a consultation with pain management despite the fact that the Specific Treatment Plan Requested states it is for a follow up. Given the patient's chronic use of opiates which are being prescribed by a pain management physician, this request for a followup with pain management doctor does appear appropriate and therefore is certified.

1 MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The CA MTUS/ACOEM is silent on the issue of repeat MRI; however, the Official Disability Guidelines indicate that repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation). While the documentation submitted for review does indicate the patient has ongoing complaints of low back pain, there is evidence in the file of a previous MRI of the lumbar spine being completed. Furthermore, there is a lack of evidence indicating that the patient has not had any significant changes or does not have any evidence of significant pathology to warrant a repeat MRI. Therefore, this request cannot be supported and is therefore non-certified.

. 1 weight loss program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snow V, Barry P, Fitterman N, Qaseem A, Weiss K. Pharmacologic and surgical management of obesity in primary care: a clinical practice guideline from the American College of Physicians. Ann Intern Med 2005 Apr 5;142(7):525-31.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Louisiana Workforce Commission, Office of Workers' Compensation; Chapter 23, page 9.

Decision rationale: The CA MTUS and ODG are silent on the issue of participation in weight loss programs, however, the Louisiana Workforce Commission states that in cases where surgery is contraindicated due to obesity, it may be appropriate to recommend a weight loss program if the patient is unsuccessful losing weight on their own. Coverage for weight loss would continue only for motivated patients who have demonstrated continual progress with weight loss. While the documentation submitted for review does indicate that the patient is 6 feet tall and weighs 380 pounds, and has been recommended a lumbar surgery, there is lack of any evidence that the patient has tried and failed a weight loss program on his own. Give this lack of documentation, the request for 1 weightloss management program cannot be supported at this time and is therefore non-certified.