

Case Number:	CM13-0020279		
Date Assigned:	10/11/2013	Date of Injury:	03/01/2006
Decision Date:	01/09/2014	UR Denial Date:	08/07/2013
Priority:	Standard	Application Received:	09/05/2013

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in California. 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:

This is a male patient with a date of injury of March 1, 2006. A utilization review determination dated August 7, 2013 recommends, non-certification for gym membership, 48 hydrotherapy sessions, lumbar spine x-ray, and repeat lumbar spine x-ray in 3 months. A neurosurgical follow-up report dated September 4, 2013 states "patient was seen by me again today. He is post op extensive decompressive lumbar laminectomy followed by a lumbar fusion at the L5 S1 level with pedicle screw fixation. He states that he improved a great deal after surgical intervention. This patient requires further continuation of physical rehabilitation. I advised him to continue aquatic therapy on a daily basis; I think the best option for this patient is to join a gym in a reputable club, which has a facility for the patient to do aquatic therapy treatment. There is a possibility that he may end up having lumbar surgery in the future, if he does not have rehabilitation, in the level above the fusion. This patient, without aquatic therapy and using the lumbar corset can degenerate the levels above the fusion. He is going to end up having a re-exploration and lumbar fusion in the above (illegible) in the future. I discussed this matter with the patient extensively. I highly recommend the patient receive a membership in a gym facility with aquatic therapy facility for 12 months on an industrial basis, this patient must have daily aqua therapy." A progress report dated July 25, 2013 identifies, "patient came to see me today. He is postoperative lumbar fusion. He is doing quite well except for having some occasional back pain." An x-ray of the lumbar spine dated July 25, 2013 identifies, "again noted postoperative change at L5 S1 with no significant interval change." The report identifies that "no screw displacement or loosening is seen." Comparison film is dated December 19, 2012. A progress note dated July 25, 2013 states "I am requesting authorization for aquatic therapy 3 to 4 times a week for t

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter Gym Memberships..

Decision rationale: California MTUS guidelines recommend exercise including aerobic conditioning and strengthening. They do not discuss the need for additional exercise equipment or a gym membership in relationship to an aerobic conditioning and strengthening program. The Official Disability Guidelines (ODG) states that gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The guidelines go on to state the treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. Within the documentation available for review, there is no indication that the employee has attempted a home exercise program with periodic assessment and revision which has been ineffective. Additionally, there is no documentation indicating how the medical professional will oversee the gym program, and whether or not the employee has been instructed in the appropriate use of gym equipment. The request for a 1 year gym membership is not medically necessary and appropriate.

48 hydrotherapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Physical Therapy..

Decision rationale: Regarding the request for 48 hydrotherapy sessions, review of the records indicates that this is a request for aquatic therapy. Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy where available as an alternative to land-based physical therapy. They go on to state that it is specifically recommended whenever reduced weight bearing is desirable, for example extreme obesity. Additionally it is stated for the recommendation on the number of supervised visits, see physical therapy guidelines. Chronic Pain Treatment Guidelines do not contain criteria regarding a specific number of therapy sessions following a spinal fusion. The Official Disability Guidelines (ODG) recommends 34 visits over 16 weeks in the postsurgical treatment of intervertebral disc

disorders following spinal fusion. Within the documentation available for review, there is indication that the employee is only having quote occasional pain." There are no recent subjective complaints included identifying that the employee is having any significant symptomatology following their spinal fusion. Additionally, there is no documentation of any objective examination of them to find objective functional deficits remaining to be treated with

1 repeat X-ray of the lumbar spine: 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 Chapter, Radiography (X-rays). OFFICIAL DISABILITY GUIDELINES (ODG): Minnesota..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for x-ray of the lumbar spine in 3 months, Occupational Medicine Practice Guidelines state that lumbar spine x-ray should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The Official Disability Guidelines (ODG) states that x-ray may be indicated for post-surgical evaluation of fusion. ODG Minnesota states that repeat imaging of the same view of the same body part with the same imaging modality is not indicated unless there are new or altered physical findings, to evaluate a new injury or exacerbation, or when a treating health provider and radiologist from a different practice have reviewed a previous imaging study and agreed that it is a technically inadequate study. Within the documentation available for review, the employee has had a spinal fusion quite some time ago. Additionally, all of the imaging reports available for review have indicated a solid spinal fusion, with no signs of loosening, or hardware defects. No reports provided for review contain a radiologists identification of screw loosening or hardware defects. The request for 1 repeat X-ray of the lumbar spine is not medically necessary and appropriate

1 X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303,Chronic Pain Treatment Guidelines May 2009, X-ray. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Radiography (X-rays). OFFICIAL DISABILITY GUIDELINES (ODG): Minnesota..

Decision rationale: The Physician Reviewer's decision rationale: Regarding the request for x-ray of the lumbar spine in 3 months, Occupational Medicine Practice Guidelines state that lumbar spine x-ray should not be recommended in patients with low back Final Determination

Letter for IMR Case Number CM13-0020279 5 pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. The Official Disability Guidelines (ODG) states that x-ray may be indicated for post-surgical evaluation of fusion. ODG Minnesota states that repeat imaging of the same view of the same body part with the same imaging modality is not indicated unless there are new or altered physical findings, to evaluate a new injury or exacerbation, or when a treating health provider and radiologist from a different practice have reviewed a previous imaging study and agreed that it is a technically inadequate study. Within the documentation available for review, the employee has had a spinal fusion quite some time ago. Additionally, all of the imaging reports available for review have indicated a solid spinal fusion, with no signs of loosening, or hardware defects. No reports provided for review contain a radiologists identification of screw loosening or hardware defects. The request for 1 X-ray of the lumbar spine is not medically necessary and appropriat