

Case Number:	CM13-0026508		
Date Assigned:	11/22/2013	Date of Injury:	07/18/2006
Decision Date:	01/23/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/19/2013

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 and Pain Medicine 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.

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 patient is a 45-year-old female with a reported date of injury of 07/18/2006 and 06/16/2010. The mechanism of injury is described as driving a city bus on 07/18/2006 injuring her low back, right shoulder, neck, and upper back as a passenger hit her on the right shoulder and right arm. She also states that on 06/16/2010, she was injured but did not report the accident to her employer. The mechanism of injury for that date of injury was not specifically stated. She was seen on 02/07/2012 at which time she had decreased range of motion of the lumbar spine and a positive straight leg raise was going into the bilateral hamstrings. MRI of the lumbar spine reveals moderate central spinal canal stenosis at L4-5 due to a combination of small posterior disc bulge and hypertrophic facet arthropathy with disc desiccation at some of the levels noted. A pain management consult dated 10/25/2013 indicated she was taking hydrocodone and found it helpful. Her pain was rated at 8/10 to 10/10. The follow-up pain management consult note dated 11/18/2013 revealed complaints of pain at 4/10 to her upper back and 4/10 to her low back. She stated she did not take pain medications on that date and complained of pain and difficulty falling to sleep secondary to her pain. She had undergone an epidural steroid injection and reported a reduction in pain from 8 to 9 going down to 3. She had a sensory deficit in the medial forearm on the right and had motor deficits in the intrinsic hand muscles on the right. She had motor deficits in the hip flexors on the right and sensory deficits to the hip and groin on the right. Diagnoses included displacement of the lumbar intervertebral disc without myelopathy, L2 to L5, spinal stenosis of unspecified region L2 to L5, lumbar facet hypertrophy L3-4 and L4-5, displacement of cervical intervertebral disc without myelopathy at C3-4, and spinal stenosis at C3-4, brachial neuritis or radiculitis, not otherwise specified, psychosexual dysfunction

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spinal decompression times twelve (12): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: The rationale for why this requested treatment is not medically necessary is this request is for 12 sessions of lumbar spinal decompression. The records indicate this patient has undergone some conservative care with medication management and epidural steroid injections to the cervical spine. She has now been recommended for an epidural steroid injection to the lumbar spine. MTUS/ACOEM, Chapter 12, states, "Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." As Guidelines do not support this treatment for low back injuries, the request for lumbar spinal decompression times twelve (12) is not considered medically necessary and is non-certified

Ortho consult: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The rationale for why the requested treatment is not medically necessary is that there does not appear to be clear clinical imaging or electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from a surgical repair. MTUS/ACOEM, Chapter 12 states "Therefore, referral for surgical consultation is indicated for patients who have: -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." The MRI does reveal that there is a 3 mm posterior disc bulge at L4-5 resulting in moderate central canal stenosis with minimal neural foraminal stenosis. A psychosocial evaluation has not been provided as recommended by Guidelines prior to seeking surgical intervention. She has been scheduled for a lumbar epidural steroid injection at this time and the records do not indicate that there has been failure of conservative treatment to resolve her disabling radiculopathy symptoms. Therefore, this request for ortho consult is not considered medically necessary at this time and is non-certified.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

Decision rationale: The rationale for why the requested treatment is not medically necessary is that this request is for a TENS unit. This request did not specifically identify this as being a rental request or a purchase request. Records do not indicate that a specific treatment plan for this TENS unit has been submitted. The records do not identify which body part this TENS unit is designed for. The Guidelines indicate that there should be evidence that other appropriate pain modalities have been tried and failed and the records indicate that this patient has been referred for a lumbar epidural steroid injection. Therefore, at this time, there is lack of evidence that other appropriate pain modalities have been tried and failed. MTUS chronic pain guidelines state, in referring to TENS units, that "treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted." At this time, this request or DME: TENS unit is not considered medically necessary and is non-certified.

Aquatic therapy: Upheld

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

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

Decision rationale: The rationale for why the requested treatment is not medically necessary is that this request is for aquatic therapy. The request does not indicate the length of treatment or the number of treatments requested. MTUS chronic pain guidelines state "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." Physical medicine guidelines advocate for continued home exercise program, even with structured programs as this. As the request does not indicate the number of treatments requested, as the request does not indicate this patient cannot do land based physical therapy, and the records do not indicate that at this time she is undergoing a home exercise program, this request for aquatic therapy is not considered medically necessary and is non-certified.

Referral to MD for medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The rationale for why this request is not medically necessary is that this patient is already seeing a pain management specialist. The records indicate she has already been seen at least 3 times for pain management. While the records indicate she has been prescribed hydrocodone, the records do not indicate that she is exceeding the recommended morphine daily equivalent and do not indicate that she had been aberrant on her drug screen. MTUS/ACOEM, Chapter 5, states "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. Depending on the issue involved, it often is helpful to "position" a behavioral health evaluation as a return-to-work evaluation. The goal of such an evaluation is, in fact, functional recovery and return to work. Collaboration with the employer and insurer is necessary to design an action plan to address multiple issues, which may include arranging for an external case manager. The physician can function in this role, but it may require some discussion to insure compensation for assuming this added responsibility." At this time, this request is not considered medically necessary as she is already seeing a pain management specialist and has not exhibited significant aberrant behavior to warrant this request. Therefore, this request for referral to MD for medication management is not medically necessary.