

Case Number:	CM13-0037974		
Date Assigned:	05/09/2014	Date of Injury:	03/13/2003
Decision Date:	06/12/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 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/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 patient with a date of injury of 3/13/03. A utilization review determination dated 10/15/13 recommends not medically necessary of a moist heating pad, lumbar epidural injections, shockwave therapy for lumbar spine, LSP LSO brace, pain medicine consultation, orthopedist consultation, [REDACTED] weight loss program, physical therapy (PT), and transportation. 8/22/13 medical report identifies low back pain. No abnormal exam findings are noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR EPIDURAL INJECTIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIS) Page(s): 46.

Decision rationale: Regarding the request for lumbar epidural injections, CA MTUS Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. Within the documentation available for review, there are no recent subjective complaints or objective examination findings supporting a diagnosis of radiculopathy.

Additionally, there are no imaging or electrodiagnostic studies corroborating the diagnosis of radiculopathy. In the absence of such documentation, the currently requested lumbar epidural injections are not medically necessary.

SHOCKWAVE THERAPY FOR THE LUMBAR SPINE: ONE (1) TIME A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/600_699/0649.html.

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 Chapter, Shock Wave Therapy.

Decision rationale: The request for shockwave therapy for the lumbar spine: one (1) time a week for six (6) weeks, California MTUS does not address the issue. ODG cites that it is not recommended, as the available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In light of the above issues, the currently requested shockwave therapy for the lumbar spine: one (1) time a week for six (6) weeks is not medically necessary.

PHYSICAL THERAPY FOR CERVICAL AND LUMBAR SPINE: ONE (1) TIME A WEEK FOR SIX (6) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy for cervical and lumbar spine: one (1) time a week for six (6) weeks, California MTUS cites that "patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested physical therapy for cervical and lumbar spine: one (1) time a week for six (6) weeks is not medically necessary.

TRANSPORTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, Pain Chapter, 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.dhcs.ca.gov/services/medical/documents/mancriteria_32_medtrans.htm.

Decision rationale: Regarding the request for transportation, California MTUS and ODG do not address the issue. The California Department of Health Care Services notes that nonemergency medical transportation when the patient's medical and physical condition is such that transport by ordinary means of private or public conveyance is medically contraindicated. Within the documentation available for review, there is no clear rationale identifying why other forms of private and/or public conveyance are contraindicated. In light of the above issues, the currently requested transportation is not medically necessary.

MOIST HEATING PAD: 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): 288,299-300, & 308.

Decision rationale: The request for a moist heating pad, California MTUS does support at-home applications of heat. Within the documentation available for review, there is no documentation of a rationale for the use of a moist heating pad rather than the application of simple hot packs and the medical necessity of ongoing use of heat in a patient with a longstanding chronic injury and no noted positive objective findings. In light of the above, the currently requested moist heating pad is not medically necessary.

LSP LSO BRACE (ELASTIC BRACE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The request for LSP LSO brace (elastic brace), CA MTUS/ACOEM states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Within the documentation available for review, it is noted that the patient is well beyond the acute stage of injury and there is no documentation of a recent/pending lumbar surgery, compression fracture, spinal instability, or other rationale for the use of a brace. In light of the above issues, the currently requested LSP LSO brace (elastic brace) is not medically necessary.

PAIN MEDICINE CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004) , Occupational Medicine Practice Guidelines, Independent Medical Examinations & Consultations, page 127.

Decision rationale: The request for pain medicine consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has longstanding chronic pain, but it has not been quantified, no abnormal objective findings are documented, and there is no clear rationale for the consultation presented. In light of the above issues, the currently requested pain medicine consultation is not medically necessary.

ORTHOPEDIC CONSULTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS American College Of Occupational And Environmental Medicine (ACOEM), 2nd Edition, (2004) , Occupational Medicine Practice Guidelines, Independent Medical Examinations & Consultations, page 127.

Decision rationale: The request for orthopedic consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient has no abnormal objective findings suggestive of orthopedic pathology and there is no clear rationale for the consultation presented. In light of the above issues, the currently requested orthopedic consultation is not medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.aetna.com/cpb/medical/data/1_99/0039.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Systematic Review: An Evaluation of Major Commercial Weight Loss Programs in The United States. ([Http://Www.Ncbi.Nlm.Nih.Gov/Pubmed/15630109](http://Www.Ncbi.Nlm.Nih.Gov/Pubmed/15630109)).

Decision rationale: The request for [REDACTED] Weight Loss Program, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine identified an article entitled "Systematic review: an evaluation of major commercial weight loss programs in the United States." This article noted that, with the exception of 1 trial of Weight Watchers, the evidence to support the use of the major commercial and self-help weight loss programs is suboptimal, and controlled trials are needed to assess the efficacy and cost-effectiveness of these interventions. Within the documentation available for review, the documentation does not clearly describe the patient's attempts at diet modification and a history of failure of reasonable weight loss measures such as dietary counseling, behavior modification, caloric restriction, and exercise within the patient's physical abilities. In light of the above issues, the currently requested [REDACTED] Weight Loss Program is not medically necessary.