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| Case Number: | CM13-0039776 | | |
| Date Assigned: | 03/26/2014 | Date of Injury: | 03/04/2013 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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 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 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:

Initial Workers' Comp Evaluation dated 09/25/2013 documented physical findings revealed a balanced and symmetrical gait. He has normal heel and toe walk. Lumbar range of motion revealed: flexion 90 degrees; extension 30 degrees; right and lateral rotation are 30 bilaterally; right and lateral bend is 30 bilaterally. He has +1 paraspinous tenderness over the lumbar. His neurologic examination is within normal limits. Reflexes are 2+ bilaterally. He has mild varus on right knee alignment. There are healed arthroscopic portals without signs of infections. Motor strength is 5/5 in all muscle groups; Patellar crunch test is positive bilaterally; nerve tension tests were negative. The patient is diagnosed with lumbar spondylosis with degenerative disc disease, lumbar strain with subjective left radiculitis; and bilateral knee varus, patellofemoral DJD. It is recommended that the patient receive possible repeat epidural of the lumbar spine; a lumbar corset bilateral patellar stabilizing neoprene knee sleeves; physical therapy for the back and bilateral knees twice a week and 6 weeks evaluation/treatment, modalities; Quadriceps strengthening, hamstring stretching. He is instructed to continue Norco, Zofran, Neurontin, Voltaren, and Protonix.

IMR ISSUES, DECISIONS AND RATIONALES

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

PURCHASE OF A LUMBAR CORSET: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 297. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG), Low Back (Acute and Chronic), Lumbar support.

Decision rationale: According to the guidelines, "There is no evidence for the effectiveness of lumbar supports in preventing back pain in industry". "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." According to the evidence based guidelines, there is no evidence to substantiate back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is over 1 year status post his industrial injury date. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to lead to weakness and atrophy of the paraspinal musculature. A lumbar corset is not medically necessary under the guidelines.

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS FOR THE LUMBAR SPINE, RIGHT KNEE AND LEFT KNEE: Upheld

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

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

Decision rationale: The CA MTUS states: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical Medicine Guidelines - Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks The medical records do not appear to document the existence of clinically significant functional deficits on examination as to establish medical necessity for the requested physical therapy. The medical records do not document a recent injury or significant exacerbation. The medical records document prior treatment has included a course of physical therapy. The guidelines state patients are expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement levels. In the absence of notable functional deficits on examination, the medical necessity of requested physical therapy has not been established

REFERRAL TO PAIN MANAGEMENT FOR LUMBAR SPINE: 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).

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

Decision rationale: According to the guidelines, for consideration of epidural steroid injection, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The medical report dated 09/25/2013 documented physical findings revealed normal heel and toe walk, neurologic examination is within normal limits, and reflexes are 2+ bilaterally. According to the report, it was recommended that the patient receive possible repeat epidural of the lumbar spine. However, the medical records establish the patient has a normal neurological examination, therefore is not a candidate for epidural injections or any interventional treatment. Given that the patient's physical examination was essentially unremarkable, referral to pain management for his lumbar spine is not supported by the evidence-based literature, and is not medically necessary under the guidelines

ULTRASOUND GUIDED ORTHOVISC INJECTIONS TO THE BOTH KNEES X 3:
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), Knee, Hyaluronic acid injections .

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Hyaluronic acid injections .

Decision rationale: According to the Official Disability Guidelines, hyaluronic acid injections may be recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total knee replacement, but in recent quality studies the magnitude of improvement appears modest at best. The medical records do not establish the patient has severe osteoarthritis. There is no documented presence of osteoarthritis on weight bearing x-rays. In addition, the medical records do not establish conservative treatment measures have been exhausted. The patient is not a candidate for Orthovisc injections. The medical necessity for Orthovisc injections has not been established according to the guidelines