

<b>Case Number:</b>	CM13-0041324		
<b>Date Assigned:</b>	03/21/2014	<b>Date of Injury:</b>	11/09/1999
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2013

### 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 Orthopedic Surgery 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:

The patient is a 76 year old female who was injured on 11/09/1999 while she was performing her usual and customary duties when she suddenly fell forward, landing on concrete with both hands extended. Patient fell mostly to the left. Patient is not sure if she lost consciousness. Patient states that right after she fell, she felt dazed, confused and disoriented. Prior treatment history has included radiofrequency ablation, epidural injections, spinal cord stimulator and was given home services. On 09/23/2013 she underwent endoscopy with biopsy as well as colonoscopy. On 10/14/2013 the patient underwent bilateral L3-4, L4-5 and L5-S1 medial branch radiofrequency rhizotomy. Her medications include: 1. Lidoderm patch 5% 2. Loracet 10/650 mg 3. Soma 350 mg 4. Prevacid 30 mg 5. Ambien 10 mg 6. Levid ER 7. Probiotic VSL 8. Butrans Patch 9. Morphine 10. Fentanyl patches Gastroenterology Consultation dated 08/19/2013 documented the patient with complaints of increased of reflux symptoms with change in voice and hoarse voice. She is having pain in her mid-epigastrium. Has been on Bentyl on (as needed) basis for her abdominal pain. No fevers or chills or night sweats. Has been having regular BMs but since being on medication for her pain she has been having alternating constipation/diarrhea. Last colonoscopy was normal 3 years ago. Has a history of diverticulosis and BRBPR (Bright Red Blood Per Rectum) on a weekly basis. The patient complains of experienced frequently heartburn that occurs during the night time that is relieved with medication. The patient complains of nausea. The patient has diarrhea. The patient reports abdominal pain. The patient describes the pain as crampy and burning/gnawing and constant. The abdominal pain is aggravated by food. The patient denies dysphagia, odynophagia, vomiting, hematemesis, bloating, constipation, hemochezia, melena, abnormal weight loss. Objective findings on exam reveal the abdomen to be soft, non-tender, non-distended. Positive bowel sounds throughout and no palpable masses. Mid epigastric tenderness, on palpation. Assessment: 1. Obesity 2. GERD

(Gastroesophageal Reflux Disease) with worsening symptoms despite PPI (Proton Pump Inhibitor) therapy. 3. Diverticulosis Progress note dated 03/31/2014 documented the patient to have complaints of difficulty with simple ambulation secondary to pain in her back and knees. She has been trialed on many medications including Butrans Patch, Fentanyl patch, and morphine and has not tolerated these medications due to nausea. She does use a small amount of Lorcet and Soma on occasion for pain, but cannot take more than half a pill at a time. The patient is requesting assistance in relocation, as she can no longer ambulate up and down her stairs at her apartment. Objective findings on exam reveal she is in moderate pain. She has frozen shoulder bilaterally. Right shoulder range of motion is more impaired on the left. There is severe left shoulder tenderness. Her lumbar spine examination is remarkable for tenderness and painful range of motion. Diagnostic Impression: 1. Fibromyalgia a. TMJ (Temporomandibular joint pain/Dysfunction) b. Irritable Bowel c. Non-restorative sleep d. Global nociceptive tenderness 2. Frozen right shoulder a. Status post right shoulder surgery x4 3. Severe coccydynia 4. Chronic lumbar spine pain with complaints of degenerative spondylolisthesis/scoliosis. 5. Cervical post laminotomy pain syndrome a. Status post C5-6 anterior fusion 6. History of occipital neuralgia a. Status post explantation of occipital nerve IPG(Implantable Pulse Generator) 7. Cervicothoracic kyphosis with severe tenderness 8. Left shoulder internal derangement a. Left shoulder rotator tendinitis with calcification and partial surface tears with retraction. Treatment Plan: 1. The patient continues to require eight hours a day seven days a week of home health care

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **TWELVE (12) AQUA THERAPY SESSIONS FOR THE LUMBAR & NECK SPINES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY & PHYSICAL MEDICINE Page(s): 22,98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY; PHYSICAL MEDICINE Page(s): 22,98-99.

**Decision rationale:** According to CA MTUS, 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. 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. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. According to the progress note dated 03/31/2014, lumbar spine examination is remarkable for tenderness and painful range of motion. The patient does not report any complaints of the neck and examination findings are not documented. Lumbar

tenderness and pain with ROM (Range Of Motion) are subjective findings, and do not establish inability to tolerate land-based activities. The medical records do not establish the patient is physically unable to tolerate gravity-based activities. There is no mention of the patient utilizing a self-directed home exercise program of gentle stretching, ROM (Range Of Motion) exercises, walking, applications of ice/heat, etc. The medical records do not establish medical necessity of aqua therapy. Therefore, the request for twelve (12) Aqua Therapy sessions for the lumbar & neck spines, is not medically necessary and appropriate.

**GI (GASTROENTEROLOGY) CONSULTATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Page 127.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**Decision rationale:** The guidelines states the clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. The patient underwent a gastroenterology consultation on 08/19/2013, and assessment was obesity, GERD (Gastroesophageal Reflux Disease) with worsening symptoms despite PPI (Proton Pump Inhibitor) therapy, and Diverticulosis. The recent 03/31/2014 progress note does not document any current G.I. complaints, and the medical report does not document any objective findings pertaining to the G.I., as to establish medical necessity for another consultation. In the absence of supportive evidence regarding the request, the medical necessity of a Gastroenterology Consultation is not substantiated.

**HOME CARE, 8 HOURS PER DAY FOR 6 MONTHS: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

**Decision rationale:** According to the CA MTUS guidelines, Home health services is recommended only for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. According to the 03/31/2014 progress note, examination reveals pain with lumbar ROM, tenderness and restricted bilateral shoulder ROM (Range Of Motion). The medical records do not establish the patient is home-bound. In the absence of documentation of any homebound situation for the patient, the medical necessity has not been established. Further, the request is requiring decision for home health care 8 hours per day, 7 days per week for 6 months is more than the maximum of 35 hours

per week as mentioned in the guidelines. Therefore, the request for Home Care, 8 hours per day for 6 months is not medically necessary and appropriate.

**PURCHASE OF H-WAVE UNIT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-WAVE STIMULATION (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, H-wave stimulation (HWT).

**Decision rationale:** According to the CA MTUS guidelines, H-Wave is not recommended as an isolated intervention, but a one-month home-based trial of H-Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure to respond to conventional therapy, including physical therapy, medications, and TENS. However, the medical records do not establish this patient has diabetic neuropathy or a chronic inflammatory condition with failure of standard conservative measures. Purchase of an H-wave device is not supported by the medical guidelines. Therefore, purchase of an H-wave is not medically necessary and appropriate.

**NEUROSURGERY FOLLOW-UP:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 171,179-180,305.

**Decision rationale:** Referral for surgical consultation is indicated for patients who have: - Persistent, severe, and disabling shoulder or arm symptoms - Activity limitation for more than one month or with extreme progression of symptoms - Clear clinical, imaging, and electrophysiologic evidence, consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short- and long-term - Unresolved radicular symptoms after receiving conservative treatment The CA MTUS ACOEM guidelines state, physical examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for consultation. The medical records do not document the presence of any progressive neurological deficits on a physical examination, which would raise concern for nerve root compromise. In addition, the medical records do not establish the patient has a surgical lesion revealed on an imaging study. Consequently, the medical necessity of a neurosurgery follow up has not been established.