MAXIMUS Federal Services

Case Number:	CM13-0058870		
Date Assigned:	03/31/2014	Date of Injury:	03/03/1994
Decision Date:	05/02/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 68 year-old male with date of injury of 03/03/1984. The injured worker states he fell 3 stories from a roof. The injured worker was seen for a follow up office visit on 03/06/2014 due to pain in the lower back. The injured worker states he is getting some improvement when he received the injections to the lumbar spine with [redacted]. The injured worker complains of pain to the low back, stiffness, and decreased motion. On physical exam, the physician notes spasms to the lower back increased to the right, and mild tenderness of the lumbar paraspinous muscles and spinous processes. The injured worker has tenderness to the sacroiliac joint, and straight leg raise is positive to the right. Range of motion of the lumbar spine is decreased and mildly painful, and the injured worker has right foot drop. Muscle strength for the lumbar spine is 4/5. The injured worker is diagnosed with lumbago, disc disorder of lumbar spine, disc degeneration, lumbar sprain, and sprain of sacrum. The physician recommendations were to continue physical therapy for the lumbar spine 3 times a week for 4 weeks to increase strength, range of motion, and flexibility, apply heat to injured body part.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) AQUATIC THERAPY SESSIONS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: California MTUS Guidelines states 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. The physician stated at the 03/06/2014 office visit, the injured worker was still participating in regular physical therapy for the lumbar spine 3 times a week x4 weeks to increase strength, range of motion, and flexibility. There were no objective findings in the physician's exam that would support the need for the injured worker to minimize the effects of gravity. The guidelines do specifically recommend aquatic therapy where reduced weight-bearing is desirable; for example, extreme obesity. There were no objective findings on exam to support the need for aquatic therapy. The request as submitted failed to indicate the body part the aquatic therapy was being requested for. The requested number of sessions also would exceeds guideline recommendations as guidelines would recommend 9-10 visits for myalgia and 8-10 visits for radiculitis. Therefore, the request is non-certified.

ONE KNEE BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: CAMTUS/ACOEM states, a brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical. Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program. The documentation provided for review lacks objective findings to show the medical necessity for a knee brace as there was a lack of a thorough examination of the knee to support deficits necessitating the need for the brace. Therefore, the request for a knee brace is non-certified.

ONE PRESCRIPTION OF B6 AND B12: 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), PAIN CHAPTER, VITAMIN B.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, B VITAMINS

Decision rationale: In the documentation provided for review, there is no objective documentation from the physician noting the need for the B6/B12. The Official Disability Guidelines do not recommend the use of B vitamins for the treatment of chronic pain as their efficacy is unclear. Therefore, the use of B vitamins at this time is not recommended, per the Official Disability Guidelines. The request as submitted, failed to indicate the frequency and duration the requested prescription was to be used. Therefore, the request for One Prescription of B6 and B12 is non-certified.