

Case Number:	CM14-0001639		
Date Assigned:	01/22/2014	Date of Injury:	06/10/2006
Decision Date:	06/19/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/18/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in Texas and 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 47-year-old female who reported an injury on 06/10/2006. The mechanism of injury was not stated. Current diagnoses include sciatica, cervical radiculopathy, lumbar spine neuritis or radiculitis, cervicgia, lumbar postlaminectomy syndrome, and lumbosacral strain. The injured worker was evaluated on 11/14/2013. The injured worker reported persistent neck and lower back pain. Previous conservative treatment includes TENS therapy and medication management. Physical examination revealed limited cervical range of motion, limited lumbar range of motion, mild weakness in the upper extremities, paresthesia to light touch in the C6-8 and T2-S1 dermatomes, 1+ biceps and triceps reflexes, and 2+ patellar and Achilles reflexes. Treatment recommendations at that time included a Functional Capacity Evaluation, an interdisciplinary evaluation for a functional restoration program, a psychology consultation, and a surgical consultation for a neural stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 49

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including Functional Capacity Examination when reassessing function and functional recovery. The Official Disability Guidelines (ODG) states a Functional Capacity Evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There is no documentation of any previous unsuccessful return to work attempts. There is also no indication that this injured worker is close to reaching or has reached maximum medical improvement. Therefore, the medical necessity has not been established.

PHYSICAL THERAPY FOR THE NECK AND BACK, TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, Physical Therapy, 49

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 98-99.

Decision rationale: The California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for unspecified myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations, therefore, the request is not medically necessary and appropriate.

AQUATIC THERAPY FOR THE LUMBAR SPINE TWICE A WEEK FOR SIX WEEKS FOR WEIGHT LOSS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 23

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 22.

Decision rationale: The California MTUS Guidelines state aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. There is no indication that this injured worker requires reduced weight bearing as opposed to land-based physical therapy. Therefore, the

medical necessity has not been established. As such, the request is not medically necessary or appropriate.

HOME HEALTH CARE 5 HOURS PER WEEK (DRIVING, MEAL PREPERATION, DOCTOR APPOINTMENTS): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 51.

Decision rationale: The California MTUS Guidelines state home health services are recommended only for otherwise recommended medical treatment for patients who are homebound on a part time or intermittent basis. There is no indication that this injured worker is homebound and does not maintain assistance from outside resources. Additionally, California MTUS Guidelines state medical treatment does not inclue homemaker services and personal care. Therefore, the request is not medically appropriate. As such, the request is not medically necessary or appropriate.

ORTHOPEDIC BED AND LIFT: 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 The Official Disability Guidelines (ODG), Low Back Chapter, Mattress Selection and the Knee & Leg Chapter, Durable Medical Equipment Section.

Decision rationale: The Official Disability Guidelines (ODG) does not recommend using firmness as the sole criteria for mattress selection. Mattress selection is subjective and depends on personal preference and individual factors. The Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Environmental modifications are considered not primarily medical in nature. The medical necessity for the requested durable medical equipment has not been established. It is unclear how the requested item will specifically address the injured worker's current condition or improve function. Therefore, the request is not medically necessary or appropriate.

BARIATRIC REVISION OF THE VERTICAL SLEEVE SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM Guidelines, Chapter 1, 11

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Bariatric Surgery Section.

Decision rationale: The Official Disability Guidelines (ODG) state bariatric surgery is recommended if a change in diet and exercise does not yield adequate results. The Official Disability Guidelines recommend gastric bypass weight loss surgery for type 2 diabetes. As per the documentation submitted, there is no evidence of a failure to respond to diet and exercise prior to the request for a revision surgery. There is no indication that this injured worker is unable to perform and accomplish weight loss on her own. Based on the clinical information received, the request is not medically necessary or appropriate.

SURGICAL CONSULTATION FOR SPINAL NEUROSTIMULATOR IMPLANT:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 113

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment prior to the request for a surgical consultation. Therefore, the medical necessity has not been established. As such, the request is not medically necessary or appropriate.

INTERDISCIPLINARY EVALUATION FOR FUNCTIONAL RESTORATION PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 51

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 30-33.

Decision rationale: The California MTUS Guidelines state functional restoration programs are recommended. An adequate and thorough evaluation should be made. There should be evidence that previous methods of treating chronic pain have been unsuccessful. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment. There is no documentation of this injured worker's motivation to change and willingness to forego secondary gains. There is no indication that negative predictors of success have been addressed. Based on

the clinical information received and the California MTUS Guidelines, the request is not medically necessary or appropriate.