MAXIMUS Federal Services

Case Number:	CM14-0003708		
Date Assigned:	01/31/2014	Date of Injury:	07/28/2012
Decision Date:	06/24/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/09/2014

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 Occupational 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:

The patient is a 29-year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of July 28, 2012. Review of progress notes revealed episodes of flare-up of low back pain, shooting down occasionally into the left leg with tingling, numbness, and paresthesias. Findings include tenderness and spasm of the lumbosacral area, with diminished sensation to light touch in the left leg. Epidural steroid injection led to significant reduction in pain, tenderness, and spasm. Electromyography (EMG) and Nerve Conduction Velocity Test (NCV) of the lower extremities, dated April 22, 2013, showed acute left L5 radiculopathy. Lumbar Magnetic Resonance Imaging (MRI), dated May 16, 2013, showed disc protrusion at L5-S1 with effacement of the left S1 nerve root, and left L3-4 and L4-5 mild neuroforaminal narrowing. Treatment to date has included nonsteroidal anti-inflammatory drugs, opioids, gabapentin, muscle relaxants, stretching, spine stabilization home exercises, and lumbar epidural steroid injections. Utilization review from December 09, 2013 denied the request for aqua therapy 3 times 12 weeks as there is no documentation of failure of a land-based program, and no indication for reduced weight bearing; for a lumbar corset as there is no rationale for its use; for hydrotherapy belt as aquatic therapy is not necessary and appropriate; and for gym membership as specific goals of an independent gym program were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUA THERAPY 3X12 WEEKS QTY: 36.00: Upheld

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

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

Decision rationale: According to page 22 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing is indicated, such as with extreme obesity. In this case, there is no documentation regarding failure of land-based physical therapy. There is also no indication of the need for reduced weight-bearing in this patient. Therefore, the request for aquatic therapy 3 times 12 weeks was not medically necessary per the guideline recommendations of California MTUS.

LUMBAR CORSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Lumbar supports.

Decision rationale: As stated on page 301 of the American College of Occupational and Environmental Medicine (ACOEM) Low Back Guidelines referenced by California Medical Treatment Utilization Schedule (MTUS), back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to Official Disability Guidelines (ODG), they are indicated for management of compression fractures, spondylolisthesis, or documented instability. There is very low quality evidence for treatment of nonspecific LBP as a conservative option. Lumbar supports are not recommended for prevention. In this case, there is no documentation of fractures or spinal instability. Patient received significant relief of pain symptoms with the lumbar epidural steroid injections. In addition, there is no rationale as to why a lumbar corset, which would limit the patient's activity level, is necessary. Therefore, the request for lumbar corset was not medically necessary per the guideline recommendations of MTUS and ODG.

HYDROTHERAPY BELT: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.silvalealtd.co.uk/products/hydrotherapy-range/silva-hydrotherapy-belt-detail.html

Decision rationale: An online search indicates that a hydrotherapy belt is designed to offer moving and handling assistance within a pool environment. There are no evidence guidelines for use of a hydrotherapy belt. Also, aquatic therapy was not authorized in this patient. Therefore, the request for hydrotherapy belt was not medically necessary.

GYM MEMBERSHIP: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Gym memberships.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, gym memberships are not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Treatment needs to be monitored and administered by medical professionals. With unsupervised programs, there is no information flow back to the provider, and there may be risk of further injury to the patient. In this case, there is no documentation regarding failure of a home exercise program or need for equipment. Therefore, the request for gym membership was not medically necessary per the guideline recommendations of ODG.