

Case Number:	CM14-0006594		
Date Assigned:	03/03/2014	Date of Injury:	06/13/2013
Decision Date:	06/30/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/17/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 47 year-old male who has filed a claim for lumbar spinal stenosis associated with an industrial injury date of June 13, 2013. A review of the progress notes reports worsening of low back pain radiating to bilateral lower extremities (right more than left), and to the groin region. Findings include tenderness and spasms of the lumbar region with restricted range of motion. There are not neurological deficits. The patient is morbidly obese with a BMI of 64. A lumbar MRI from August 1, 2013 showed multi-level disk protrusions with bilateral foraminal narrowing, abutment of the bilateral L5 nerve root, and indentation of the bilateral S1 nerve roots. Treatment to date has included medications, acupuncture, physical therapy, home exercises, TENS, pain injection, and consultation with a pain specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 AQUATIC THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), 98,78,93

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 22. Decision based on Non-MTUS Citation (ODG) Low Back chapter, Physical therapy (PT)

Decision rationale: According to page 22 of the California 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. The Official Disability Guidelines recommend 10 visits for spinal stenosis. In this case, the patient is morbidly obese and would benefit from aquatic therapy versus land-based physical therapy. The patient had previous physical therapy sessions for which little improvement was derived. Although aquatic therapy is advisable in this patient, the requested quantity exceeds guideline recommendations. Therefore, the request is not medically necessary.

ORTHOSTIM 4 UNIT: 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, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 114-118.

Decision rationale: As noted on pages 114-118 of the California MTUS Chronic Pain Medical Treatment Guidelines, interferential current stimulation is not generally recommended. It is appropriate for cases where pain is ineffectively controlled with medications. Neuromuscular electrical stimulation is under study, and galvanic stimulation (high-voltage, pulsed stimulation) is investigational for all indications. In this case, there is no documentation regarding failure of medication therapy. Also, not all components of the OrthoStim unit have evidence-based support for use. As such, the request is not medically necessary.

1 10 WEEK [REDACTED] WEIGHT LOSS PROGRAM: Overturned

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 Screening for and management of obesity and adults: U. S. preventive services task force recommendations statement, June 2012. <http://www.uspreventiveservicestaskforce.org/uspstf11/obeseadult/obesers.htm>

Decision rationale: The California ACOEM/MTUS guidelines do not address this topic, nor do the Official Disability Guidelines; as such, alternative guidelines were used instead. The U. S. preventive services task force recommends screening all adults for obesity. Intensive, multi-component behavioral interventions are recommended for patients with a BMI of 30 or higher. 12 to 26 sessions in the first year is recommended. This patient is morbidly obese with a BMI of 64. The patient also has a medical history of hypertension and diabetes. A medically supervised weight loss program is reasonable in this patient at this time, and the request is medically necessary.

1 PAIN MANAGEMENT CONSULT IN CONSIDERATION FOR LUMBER STEROID INJECTION:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER 12 (LOW BACK COMPLAINTS), 300,309

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46.

Decision rationale: As stated on pages 127 and 156 of the ACOEM, an occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, there is no support for epidural injections in the absence of objective radiculopathy. Criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology and conservative treatment. Repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than four blocks per region per year. In this case, there is no documentation to confirm objective radiculopathy in this patient. Findings not show symptoms referable to a specific dermatomal distribution. There is no indication to support the necessity of a lumbar epidural steroid injection at this time, and the request is not medically necessary.