MAXIMUS Federal Services

Case Number:	CM14-0007569		
Date Assigned:	02/10/2014	Date of Injury:	02/01/2010
Decision Date:	07/11/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/21/2014

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 61-year-old female who has filed a claim for cervical and lumbar herniated nucleus pulposus associated with an industrial injury date of February 01, 2010. Review of progress notes indicates continued neck and low back pain, with decreasing radicular symptoms. Patient reports improvement with physical therapy and lumbar epidural steroid injection. Findings include spasm of the lumbar and cervical region, positive Spurling's test, and positive straight leg raise test on the right. MRI of the lumbar spine dated June 07, 2013 showed mild degenerative disc disease and degenerative facet arthrosis most pronounced at L4-5, then at L5-S1. There is abutment of the nerve root within the right neuroforamen at L5-S1. MRI of the cervical spine showed multilevel degenerative disc disease and degenerative joint disease without significant central canal stenosis, but with moderately severe foraminal narrowing bilaterally at C3-4, C4-5, C5-6, and C6-7. Findings are worst at C5-6. Treatment to date has included unspecified medications, lumbar epidural steroid injection, physical therapy, Utilization review from January 03, 2014 denied the requests for spine opinion consultation with a spine specialist as the rationale for an additional consultation is not apparent; and lumbar brace as there is no documentation of lumbar instability. There is modified certification for physical therapy for 3 sessions to include re-training in a home exercise program; and for a one-time ergonomic evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (2) TIMES A WEEK FOR (6) WEEKS, EACH BODY PART, CERVICAL/LUMBAR: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. In this case, there is documentation that the patient has previously attended physical therapy. There is no documentation describing these sessions, the amount and duration, and the benefits derived. Additional information is necessary at this time. Therefore, the request for physical therapy 2x6, each body part, cervical/lumbar was not medically necessary.

SECOND OPINION SPINE SPECIALIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Exams & Consultations, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Exams & Consultations, Chapter 7pages 127, 156.

Decision rationale: As stated on pages 127 and 156 of the ACOEM Independent Medical Examinations and Consultations Guidelines referenced by CA MTUS, 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. In this case, a pain specialist consult performed in early 2013 suggested a lumbar epidural steroid injection. The patient currently presents with improvement of pain symptoms with the lumbar epidural steroid injection and physical therapy. It is not clear as to the rationale of a second consultation with a different spine specialist, as there has been improved outcome with the initial consult and therapeutic plan. Also, patient is improving and does not present with new-onset or red flag symptoms. Therefore, the request for second opinion spine specialist was not medically necessary.

ELECTRIC SIT/STAND WORK STATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention.

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, Ergonomics interventions.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, ergonomics interventions are recommended as part of a return-to-work program for injured workers. In this case, there is no documentation regarding a workspace ergonomics evaluation indicating the necessary modifications. Also, there is no documentation regarding the patient returning to work. Therefore, the request for electric sit/stand work station was not medically necessary.

LUMBAR SUPPORT BRACE: 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 ACOEM Low Back Guidelines referenced by CA MTUS, back braces have not been shown to have any lasting benefit beyond the acute phase of symptom relief. According to 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. In this case, there is no documentation of lumbar instability in this patient, and use of a lumbar support brace that may decrease the mobility of the patient is not recommended. Therefore, the request for lumbar support brace was not medically necessary.