

Case Number:	CM14-0100243		
Date Assigned:	09/16/2014	Date of Injury:	06/14/2010
Decision Date:	10/20/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	06/30/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; epidural steroid injection therapy; adjuvant medications; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 23, 2014, the claims administrator approved a request for a pain management psychologist referral, denied a request for six sessions of aquatic therapy, and denied a request for L5-S1 facet injections. A variety of MTUS and non-MTUS guidelines were invoked, including non-MTUS Chapter 7 ACOEM guidelines and non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a Utilization Review Report dated April 11, 2014, the applicant reported persistent complaints of low back pain, highly variable 4 to 8/10. The applicant was using Percocet, Lotrel, Neurontin, Cymbalta, Valium, and Motrin, it was stated. The applicant was status post multiple hip surgeries. The applicant was severely obese, with a BMI of 42. Limited lumbar range of motion was noted. It was stated that the applicant was already status post lumbar radiofrequency ablation procedures. Multiple medications were refilled. A rather proscriptive 20-pound lifting limitation was imposed. It did not appear that the applicant was working. The applicant was working with said limitations in place, however. The applicant was asked to continue Neurontin. The applicant was described as having global antalgic and slowed gait, it was stated. The applicant had received earlier medial branch blocks on April 22, 2013. In a June 21, 2013 progress note, it was suggested that the applicant was working modified duty/light duty as of that point in time. On June 6, 2014, the applicant was asked to pursue 12 sessions of aquatic therapy and lumbar facet injections for axial low back pain. In another section of the report, it was stated that the

applicant had persistent complaints of low back pain radiating to the right leg, 4 to 8/10. In yet another section of the report, it was stated that the applicant was no longer experiencing radiating pain, after introduction of gabapentin. The attending provider stated that he was seeking facet injections on the grounds that the applicant was not a candidate for radiofrequency ablation procedures, but did not elaborate as to why. Work restrictions were endorsed. The applicant was described as having a BMI of 40 based on a height of 6 feet and a weight of 310 pounds, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy 2 X 3 for the low back: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 98, 99.

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

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, as, for instance, those individuals with extreme obesity. In this case, the applicant is severely obese, with a BMI of 40 to 42, it has been stated on several occasions, referenced above. The applicant is having difficulty moving about, it has been suggested on at least one occasion, referenced above. A six-session course of aquatic therapy, thus, may be helpful to advance the activity level here. Therefore, the request is medically necessary.

Lumbar facet joint injections bilateral L5-S1: 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), Low Back, Facet Joint Diagnostic Blocks (Injections), Facet Joint intra-articular injections (therapeutic blocks)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309, Table 12-8.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, the article at issue here, are deemed "not recommended." In this case, it is further noted that there is, in fact, considerable lack of diagnostic clarity. The applicant was described on several progress notes, referenced above, with ongoing lumbar radicular complaints and low back pain radiating to the right leg, for which gabapentin was introduced. The attending provider also suggested that the applicant has non-specific low back pain secondary to severe obesity. The request, thus, is not indicated both owing to the

considerable lack of diagnostic clarity here as well as the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.