

Case Number:	CM14-0100839		
Date Assigned:	09/24/2014	Date of Injury:	04/09/2013
Decision Date:	10/24/2014	UR Denial Date:	06/19/2014
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 Family 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:

This is a 59-year-old male patient who reported an industrial injury to the back on 4/9/2013, 18 months ago, attributed to the performance of his usual and customary job tasks. The patient complained of persistent lower back pain with bilateral lower extremity pain. The patient complained of recurrent myofascial pain that had been treated by conservative therapy and epidural steroid injections that reportedly provided complete resolution of radiculopathy symptoms. The patient was noted to have features of SI joint arthropathy with positive provocative test bilaterally and positive features significant to facet hypertrophy at L4-L5 bilateral with painful extension, bending and rotary movements. There were no sensory or motor deficits on physical examination. The MRI of the lumbar spine documented evidence of multilevel disc bulges and facet hypertrophy. The treatment plan included sessions of yoga times six; aquatic therapy six sessions and a lumbar spine medial branch block/facet block at L4-L5 under fluoroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Yoga: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Chapter 13 Knee Complaints Page(s): 203-204, 299-300, Chronic Pain Treatment Guidelines Physical Medicine Aquatic Therapy Page(s): 98-99, 22. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114 Official Disability Guidelines (ODG) lower back section--PT; knee section--PT

Decision rationale: There is no demonstrated medical necessity for continued YOGA sessions for the effects of the industrial injury as many forms of appropriate exercises are available without the necessity of professional supervision. Yoga classes are available for the patient on his own at his personal discretion; however, the yoga classes are not demonstrated to be medically necessary as opposed to the recommended self-directed home exercise program. The objective findings documented were TTP and limited ROM and did not support the medical necessity for YOGA classes for the treatment of the cited diagnoses. The request for YOGA membership/classes for additional time for the patient for his chronic back pain was not supported with objective evidence to support medical necessity as opposed to a self-directed home exercise program for continued conditioning and strengthening. The patient has been documented to have received prior physical therapy and conservative treatment. There is no objective evidence provided to support the medical necessity of the requested formal YOGA program. The yoga classes are clearly available to the patient on an independent basis as a preferred exercise; however, there is no evidence that it is medically necessary over the recommended HEP. The patient is able to practice yoga on his own. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.". The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the

start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested six (6) classes of yoga. Therefore the request is not medically necessary.

Aquatic Therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Chapter 13 Knee Complaints Page(s): 203-204, 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back section--PT; knee section--PT;

Decision rationale: The patient has received prior sessions of physical therapy and has exceeded the recommendations of the CA MTUS. The patient is not precluded from performing land-based exercise. There is no rationale to support additional PT over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued PT as maintenance care 18 months after the DOI. There was no performed physical examination and no documented objective findings to support the medical necessity of aquatic therapy directed to the lumbar spine. The provider fails to document any objective findings on examination other than TTP and decreased ROM. There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self-directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient has some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self-directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is no provided objective evidence that the patient is precluded from performing a self-directed home exercise program for further conditioning and strengthening for the back and bilateral lower extremities. The patient is not demonstrated to not be able to participate in land-based exercises. There is no provided objective evidence to support the medical necessity of the requested additional aquatic therapy for the treatment of the back and lower extremities in relation to the effects of the industrial injury. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the the recommended self-directed home exercise program. The use of pool therapy with no evidence of a self-directed home exercise program is inconsistent with evidence-based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state, "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.". The ACOEM Guidelines state:

"Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence-based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment rehabilitation. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. There is no demonstrated medical necessity for the requested 6 sessions of aquatic therapy directed to the lumbar spine or for the cited diagnoses.

Facet Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines web 2012 "low back" Facet joint diagnostic block (injections)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 300, 309, 174-175, 187, Chronic Pain Treatment Guidelines injections Page(s): 54. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter--Facet joint blocks and injections; MBB;

Decision rationale: The request for the lumbar spine MMB or facet blocks to lumbar spine L4-L5 is inconsistent with the recommendations of the ACOEM Guidelines or the ODG for the treatment of this injured worker. The CA MTUS is silent on the use of facet blocks. There is no objective evidence of facet arthropathy to the lumbar spine based on a MRI. There is no pain documented with extension and rotation. There is no evidence that facet arthropathy is the pain generator eight (8) years after the DOI. There are no documented neurological deficits. There is no documented pain on extension/rotation of the lumbar spine. There are no demonstrated medical necessity median branch blocks to the lumbar spine for the cited diagnoses. There was no demonstrated rationale to support the medical necessity of the requested medial branch blocks or facet blocks for the diagnosis of lumbar strain and chronic low back pain. The use of facet blocks and RFA to the lumbar spine is not recommended by the CA MTUS. The ACOEM Guidelines state that facet blocks are of "questionable merit." The CA MTUS states that facet blocks are "limited to patients with lumbar pain that is non-radicular and at no more than two levels bilaterally." The patient is diagnosed with back pain and the evaluation of this pain generator should occur prior to the evaluation and treatment of assessed facet pain. The request for the authorization of diagnostic/therapeutic facet blocks or median branch blocks for chronic lumbar spine pain is inconsistent with the recommendations of the CA MTUS, the ACOEM Guidelines, and the Official Disability Guidelines. The recommendations are for the provision of facet blocks is not recommended. There is no provided objective evidence that the axial lumbar pain or degenerative disc disease is influenced by additional pain generated from facet arthropathy. The ACOEM Guidelines revised 4/07/08 for the lower back recommend: "One diagnostic facet joint injection may be recommended for patients with chronic LBP that is significantly exacerbated by extension and rotation or associated with lumbar rigidity and not alleviated with other conservative treatments." There is no demonstrated medical necessity for the requested lumbar spine L4-L5 medial branch block/facet blocks.