

Case Number:	CM14-0013754		
Date Assigned:	02/26/2014	Date of Injury:	05/05/2011
Decision Date:	06/26/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine & Rehabilitation 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:

According to the records made available for review, this is a 45-year-old male with a 5/5/11 date of injury. At the time (1/21/14) of request for authorization for physical therapy with aqua therapy 2 visits with one month pool facility membership, battery and supplies for TENS unit, and TF LESI (transforaminal lumbar epidural steroid injection), bilateral at L4-5, there is documentation of subjective (low back pain radiating to the posterolateral legs) and objective (tenderness to palpation over the bilateral lumbosacral area with decreased lumbar range of motion, hypoesthesia in the posterolateral legs, and decreased patellar and ankle reflexes bilaterally) findings, imaging findings (MRI of the lumbar spine (11/11/13) report revealed moderate left foraminal narrowing with slight flattening of the exiting nerve root), current diagnoses (lumbago, degeneration of lumbar intervertebral disc, and chronic pain syndrome), and treatment to date (ongoing TENS unit therapy with significant benefit, functional improvement and the ability to reduce medications; bilateral lumbar epidural steroid injections from L4-S1 on 6/18/13 with pain relief for 15 days, reduction in medication use and increase in functionality; activity modification, medications, and aquatic therapy (unknown amount)). In addition, medical report plan identifies physical therapy with aqua therapy due to patient's ongoing severe pain and inability to tolerate land-based exercise and 1 month trial gym membership with supervision to attend the aqua therapy classes.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH AQUA THERAPY 2 VISITS WITH ONE MONTH POOL FACILITY MEMBERSHIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- AQUA THERAPY,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM; CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, EXERCISE; PHYSICAL MEDICINE, AQUATIC THERAPY, 46; 98, 22

Decision rationale: Regarding aqua therapy, MTUS Chronic Pain Medical Treatment Guidelines identifies that aquatic therapy is recommended where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing), as criteria necessary to support the medical necessity of aquatic therapy. In addition, MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Regarding one month pool facility membership, MTUS reference to ACOEM identifies that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. ODG identifies documentation that a home exercise program with periodic assessment and revision has not been effective, there is a need for equipment, and that treatment is monitored and administered by medical professionals, as criteria necessary to support the medical necessity of gym membership. Within the medical information available for review, there is documentation of diagnoses of lumbago, degeneration of lumbar intervertebral disc, and chronic pain syndrome. In addition, there is documentation of a plan identifying aquatic therapy exercises on a daily basis to be performed at a gym. Furthermore, there is documentation that treatment is monitored and administered by medical professionals. Lastly, there is documentation of previous aquatic therapy. However, there is no documentation of the number of previous aquatic therapy sessions and a condition/diagnosis where reduced weight bearing is desirable (such as extreme obesity, need for reduced weight bearing, or recommendation for reduced weight bearing). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as result of aquatic therapy provided to date. Furthermore, there is no documentation that a home exercise program with periodic assessment and revision has not been effective, and there is a need for equipment. Therefore, based on guidelines and a review of the evidence, the request for physical therapy with aqua therapy 2 visits with one month pool facility membership is not medically necessary.

BATTERY AND SUPPLIES FOR TENS 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- TRANSCUTANEOUS ELECTROTHERAPY, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS), 113-117

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a statement identifying that the TENS unit will be used as an adjunct to a program of evidence-based functional restoration, and a treatment plan including the specific short- and long-term goals of treatment with the TENS, as criteria necessary to support the medical necessity of a month trial of a TENS unit. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of how often the unit was used, outcomes in terms of pain relief and function, and other ongoing pain treatment during the trial period (including medication use), as criteria necessary to support the medical necessity of continued TENS unit. Within the medical information available for review, there is documentation of diagnoses of lumbago, degeneration of lumbar intervertebral disc, and chronic pain syndrome. In addition, given documentation of ongoing treatment with TENS unit with significant benefit, functional improvement and the ability to reduce medications, there is documentation of outcomes in terms of pain relief and function. Furthermore, there is documentation of other ongoing pain treatment during the trial period (including medication use). However, there is no documentation of how often the unit was used. In addition, there is no documentation of the intended duration of therapy with the TENS unit. Therefore, based on guidelines and a review of the evidence, the request for battery and supplies for TENS unit is not medically necessary.

TF LESI (TRANSFORAMINAL LUMBAR EPIDURAL STEROID INJECTION), BILATERAL AT L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN- EPIDURAL STEROID INJECTIONS (ESI's), ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, LOW BACK COMPLAINTS, 300

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year, as well as decreased need for pain medications, and functional response as criteria necessary to support the medical necessity of additional epidural steroid injections. Within the medical information available for review, there is documentation of diagnoses of lumbago,

degeneration of lumbar intervertebral disc, and chronic pain syndrome. In addition, there is documentation of previous lumbar epidural steroid injection on 6/18/13 with decreased need for pain medications and functional response. However, given documentation of unquantified pain relief for 15 days following previous injection, there is no documentation of at least 50-70% pain relief for six to eight weeks following previous injection. Therefore, based on guidelines and a review of the evidence, the request for TF LESI (Transforaminal Lumbar Epidural Steroid Injection), for bilateral L4-L5 is not medically necessary and appropriate