

<b>Case Number:</b>	CM14-0014091		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/10/2003
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 44 year old male who was injured on 09/10/2003. The mechanism of injury is unknown. Prior treatment history has included home exercise program. The patient underwent trigger point injections into the lumbar spine and sacroiliac joints bilaterally 3 times on 01/08/2014. The patient's medications as of 01/08/2014 include Kadian 100 mg q. day, Zanaflex 2 mg bid, and Neurontin 400 mg which is providing him with 50% relief of symptoms. Progress report dated 01/08/2014 states the patient complains of constant neck pain rated as 6-7/10 radiating to the right upper extremity with associated numbness and tingling to the left hand. He has constant low back pain rated 7/10 with radiation to the right lower extremity that increases with walking. He complained of right shoulder tated as 6/10, with associated limited range of motion and weakness in the bilateral upper extremities. He states that his neck, low back and right shoulder pain feels the same since last visit. Further more, he complains of anxiety, depression, stress and insomnia. On exam, the cervical spien reveals spasms and tenderness with positive trigger points. Examination of the lumbar spine reveals spasms and tenderness over L4 through S1 with positive trigger points. The patient's body weight is 225.5 lbs. The patient's body fat is 94.8 lbs. The patient's lean body mass is 130.7 lbs. The patient is diagnosed with clumping of the nerve roots of cauda equina around L3-4 level with possible arachnoiditis; chronic pain syndrome, and status post fusion L4-S1 with failed back surgery syndrome. The treatment and plan include a psychiatric consultation and a urine drug test. The patient was given a prescription for Senna-Gen 8.6 mg 2 tabs po bid #120, Neurontin 300 mg, Cymbalta 60 mg, Zanaflex 4 mg, and MS-Contin 60 mg. An authorization is requested for a return appointment on 02/05/2014 and an interpreter will be needed as well. Prior UR dated 01/14/2014 states the request for a lumbar exercise kit is non-certified as there is no documented proof for medical necessity. The request for interpreting sevices is deferred for that reason.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **LUMBAR EXERCISE KIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Exercise.

**Decision rationale:** MTUS and ODG guidelines recommend exercise. However, exercise programs and home exercise equipment are not specifically endorsed. The patient is a 44 year old obese male with chronic neck, back, and shoulder pain, attributed to a 9/10/03 injury, along with multiple co-morbidities. A request is made for a lumbar exercise kit. However, home exercise equipment is not generally considered to be medical treatment or durable medical equipment. Further, no description is provided of the lumbar exercise kit nor is a specific rationale provided for its necessity. It is not clear from the records that if the patient actively participates in home exercise. Medical necessity is not established.

### **INTERPRETING SERVICES:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Working with Medical Interpreters, Belma Ismailovich, Health Assist Tennessee Medical Interpreting Coordinator, Health Assist Tennessee, 2007.

**Decision rationale:** This is a request for interpreting services for a 44 year old obese male with chronic neck, back, and shoulder pain, attributed to a 9/10/03 injury, along with multiple co-morbidities. CA MTUS guidelines and ODG do not address this service. Medical Interpreting Service is considered as a medically related service provided for the sake of more cost-effective diagnosis and treatment, improved compliance with medication and treatment plans, and better health outcomes. The available medical records do not document any previous help of a medical interpreter. Moreover, they do not address facing communication difficulties with the patient. Therefore, due to the lack of documentation, the medical necessity of Medical Interpreting Services has not been established.