

Case Number:	CM14-0019479		
Date Assigned:	04/23/2014	Date of Injury:	03/16/2011
Decision Date:	07/03/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/15/2014

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:

The patient is an employee of [REDACTED] and has submitted a claim for low back, and neck pain associated with an industrial injury date of March 16, 2011. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to the right leg and bilateral buttocks after standing, bending, and lifting. She also complained of constant numbness and tingling of the right big toe. The patient also had squeezing neck pain radiating to the bilateral occipital region, bilateral shoulders, and bilateral arms. She also complained of numbness and tingling in the right arm and a weak grip of the right hand. On physical examination, there was limited range of motion of the cervical spine with tenderness of the supraclavicular area and occipital notch bilaterally. There was also tenderness of the cervical paraspinals. Tinel and Finkelstein tests were positive on the right. Lumbar spine examination revealed limited range of motion with paravertebral muscle tenderness. Straight leg raising test was positive on the right. There were no motor deficits noted but sensation was decreased in the right L5 distribution. Gait was normal. A lumbar MRI dated September 30, 2013 revealed a herniated nucleus pulposus with a posterior disc protrusion and annular tear, causing mild bilateral stenosis of the lateral recess.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC CONSULTATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 289, 296.

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, Chapter 7, page 127,156.

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines referenced by CA MTUS, consultations are recommended, and a 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 previous utilization review determination dated December 17, 2013 certified a request for an orthopedic consultation. The medical records also included notes from orthopedic consultations dated February 3, 2014 and April 4, 2014. The records show that the patient already had consultations with an orthopedic specialist; therefore, the request for 1 orthopedic consultation is not medically necessary.

YOGA, STRETCHING EXERCISES, AND WATER EXERCISES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Yoga; Exercise; Aquatic Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Low Back Chapter, Yoga.

Decision rationale: CA MTUS does not specifically address yoga. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that yoga is recommended as an option only for select, highly motivated patients. Since outcomes from this therapy are very dependent on the highly motivated patient, ODG recommends approval only when requested by such a patient but not adoption for use by any patient. In this case, yoga, stretching, and water exercises were requested by the physician in order for the patient to be able to engage in a self-directed program for her injury. However, the medical records indicated that the patient is already doing exercises at home and at a gym since June 2013, which is a form of a self-directed program. Therefore, the request for Yoga, stretching exercises and water exercises is not medically necessary.