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| Case Number: | CM14-0133150 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 02/10/1999 |
| Decision Date: | 10/16/2014 | UR Denial Date: | 07/21/2014 |
| Priority: | Standard | Application Received: | 08/20/2014 |

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 and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 46 year-old female with a date of injury of 2/10/1999. The patient's industrially related diagnoses include status post fusion of the lumbar spine and failed back surgery. The disputed issues are AP and lateral lumbar spine, pelvic x-rays, and physical therapy and gym membership therapy; 2 times a week for six weeks. A utilization review determination on 7/21/2014 had non-certified these requests. The stated rationale for the denial of AP and lateral x-rays of lumbar spine was "there is limited documentation of re-injury in the spine. Furthermore, a lab work up is essential to determine possible TB of the spine. Without a clear diagnosis of TB, the medical necessity is not evident." The stated rationale for the denial of pelvic x-rays was "there is limited evidence of severe injury to the pelvis to support the need for imaging." Lastly, the request for physical therapy and gym membership was denied because "the claimant is more than 15 years post injury. However, details regarding the claimant's response to prior physical therapy are not outlined. Furthermore, there is no clear rationale for the use of specialized gym equipment rather than performance of a home exercise plan."

IMR ISSUES, DECISIONS AND RATIONALES

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

AP and lateral lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Low Back Procedure Summary last updated 07/03/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, x-rays

Decision rationale: The ACOEM Practice Guidelines state that x-rays are recommended for acute LBP with red flags for fracture or serious systemic illness, sub-acute low back pain that is not improving, or chronic LBP as an option to rule out other possible conditions. Obtaining x-rays once is generally sufficient. For patients with chronic LBP, it may be reasonable to obtain a second set (years later) to re-evaluate the patient's condition, particularly if symptoms change. Regarding lumbar spine x-rays, the Official Disability Guidelines do not recommend routine x-rays in the absence of red flags. The guidelines specify: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks. A history that includes the key features of serious causes will detect all patients requiring imaging. Imaging is indicated only if patients have severe progressive neurologic impairments or signs or symptoms indicating a serious or specific underlying condition. Subsequent imaging should be based on new symptoms or changes in current symptoms." One of the indications for X-rays is uncomplicated low back pain with suspicion of infection. In the progress report dated 4/14/2014, the treating physician requested AP and lateral lumbar spine and pelvic x-rays in order to address the injured worker's recent surgery and worsening subjective complaints. However, there are no records documenting that the injured worker underwent any recent surgery. The treating physician stated that previous AP and lateral of the pelvis did show a fusion mass, but the date these films were obtained is not documented. From 1/15/2014 to 4/16/2014, there is documentation of change in pain symptoms. The injured worker reported left sacroiliac joint pain, which was not reported in previous visits. The treating physician documented positive objective findings on physical examination over the left sacroiliac joint. Prior progress notes, including one in February 2014 had documented attempts at physical therapy to address pain, but the pain continues. Therefore it is reasonable to repeat lumbar X-rays at this time to assess for sacroilitis. Another benefit of films would be to check for adjacent disc disease in this patient with lumbar fusion. Therefore, AP and lateral lumbar spine is medically necessary and appropriate.

Pelvic X-rays: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Hip & Pelvis Procedure Summary last update 03/25/2014.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: The ACOEM Practice Guidelines state that x-rays are recommended for acute LBP with red flags for fracture or serious systemic illness, sub-acute low back pain that is not improving, or chronic LBP as an option to rule out other possible conditions. Obtaining x-rays once is generally sufficient. For patients with chronic LBP, it may be reasonable to obtain a second set (years later) to re-evaluate the patient's condition, particularly if symptoms change. In

the progress report dated 4/14/2014, the treating physician requested AP and lateral lumbar spine and pelvic x-rays in order to address the injured worker's recent surgery and worsening subjective complaints. However, there are no records documenting that the injured worker underwent any recent surgery. The treating physician stated that previous AP and lateral of the pelvis did show a fusion mass, but the date these films were obtained is not documented. From 1/15/2014 to 4/16/2014, there is documentation of change in pain symptoms. The injured worker reported left sacroiliac joint pain, which was not reported in previous visits. The treating physician documented positive objective findings on physical examination over the left sacroiliac joint. Therefore it is reasonable to obtain lumbar X-rays at this time to assess for sacroilitis. Based on the guidelines referenced above, the request for pelvic x-rays is medically necessary.

Physical therapy and Gym membership; 2x a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Exercise. Decision based on Non-MTUS Citation Tricare Guidelines and Medicare

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

Decision rationale: With regard to the request for gym membership, both the California Medical Treatment and Utilization Schedule and ACOEM do not have specific criteria for gym memberships. Instead, the Official Disability Guidelines are utilized which describe gym memberships with the following recommendation: "Not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines." Since the request for physical therapy is combined with gym membership and the latter is not recommended by the guidelines, this request is not medically necessary.