

Case Number:	CM14-0022508		
Date Assigned:	06/11/2014	Date of Injury:	08/30/2010
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 35 year old employee with date of injury of 8/30/10. Medical records indicate the patient is undergoing treatment for low back pain, radiating left leg pain, status post lumbar fusion with discectomy. Subjective complaints include back pain, and left leg pain with numbness and tingling. Objective findings include lower back tenderness left greater than right, positive straight leg raise on the left, radiating left leg pain radiating to the thigh and calf. Treatment for his low back pain, radiating left leg pain, status post lumbar fusion with discectomy has consisted of Tramadol, Tizanidine, Anaprox, epidural injections, and Nexium. The utilization review determination was rendered on 2/14/14 recommending non-certification of a bone stimulator, influenza vaccine, and urine toxicology. The utilization review on 2/14/14 recommended certification of aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE STIMULATOR: Upheld

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

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, Bone Growth Stimulators.

Decision rationale: California MTUS is silent on bone growth stimulators. ODG states "Under study. There is conflicting evidence, so case by case recommendations are necessary (some RCTs with efficacy for high risk cases). Some limited evidence exists for improving the fusion rate of spinal fusion surgery in high risk cases (e.g., revision pseudoarthrosis, instability, smoker). There is no consistent medical evidence to support or refute use of these devices for improving patient outcomes; there may be a beneficial effect on fusion rates in patients at "high risk", but this has not been convincingly demonstrated. Either invasive or noninvasive methods of electrical bone growth stimulation may be considered medically necessary as an adjunct to spinal fusion surgery for patients with any of the following risk factors for failed fusion: (1) One or more previous failed spinal fusion(s); (2) Grade III or worse spondylolisthesis; (3) Fusion to be performed at more than one level; (4) Current smoking habit (Note: Other tobacco use such as chewing tobacco is not considered a risk factor); (5) Diabetes, Renal disease, Alcoholism; or (6) Significant osteoporosis which has been demonstrated on radiographs." The treating physician provided no evidence of failed fusion, grade III or worse spondylothesis, and no evidence of significant osteoporosis on radiograph. As such the request for a bone stimulator is not medically necessary.

INFLUENZA VACCINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Center for Disease Control Website.

Decision rationale: The CDC recommends people with the below medical conditions should receive an influenza vaccine: Asthma, Neurological and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders, kidney disorders, liver disorders, metabolic disorders, weakened immune system due to disease, People younger than 19 years of age who are receiving long-term aspirin therapy or People who are morbidly obese. The patient does not have a diagnosis putting him in a high risk category per CDC guidelines. As such the request for an influenza vaccine is not medically necessary.

URINE TOXICOLOGY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96.

Decision rationale: California MTUS states that the use of urine drug screening for illegal drugs should be considered before a therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug

diversion)." The treating physician has not provided evidence of an opioid contract, and has not recently prescribed narcotics to the patient. There is mention of previous drug test but no documentation in the medical records of the results of the urine toxicology screen. The retrospective urine drug screen indicates the patient was not taking any narcotic medications at the time. As such the request for urine toxicology screen is not medically necessary.

AQUATHERAPY: Upheld

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

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, Aquatherapy.

Decision rationale: The medical documentation provided indicates the patient is being treated for low back pain, radiating left leg pain, status post lumbar fusion with discectomy. Medical records indicate that the patient is obese and pain is worse with weight bearing. The California MTUS guidelines state that "Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." In addition California MTUS guidelines recommend "for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine". ODG states "There may be advantages to weightless running in back pain recovery. This RCT concluded that water-based exercises produced better improvement in disability and quality of life of patients with CLBP than land-based exercise, but in both groups, statistically significant improvements were detected in all outcome measures. The aquatic exercise program consisted of 20 sessions, 5 x per week for 4 weeks in a swimming pool, and the land-based exercise was a home-based program demonstrated by a physical therapist on one occasion and then given written advice". Medical records indicate that aquatic therapy was prescribed post operatively in conjunction with physical therapy. The patient's pain has improved by 40% per the treating physician's documentation. The request for aquatherapy is/was medically necessary per MTUS and ODG guidelines.