MAXIMUS Federal Services

Case Number:	CM14-0035380		
Date Assigned:	06/23/2014	Date of Injury:	07/11/2011
Decision Date:	07/30/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain and psychological stress reportedly associated with an industrial injury of July 11, 2011. Portions of the applicant's claim, however, have been administratively contested by the claims administrator. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a walker; epidural steroid injection therapy; a TENS (transcutaneous electrical nerve stimulation) unit; and extensive periods of time off of work. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for aquatic therapy, an internal medicine consultation for headaches, breathing, and abdominal pain, denied a pain management consultation for chronic pain, denied a gym membership, and denied a sleep study. The claims administrator cited a variety of non-MTUS Guidelines in its denial, including non-MTUS ODG Guidelines on office visits to deny the internal medicine and pain management consultations despite the fact that the MTUS addressed the topic. Similarly, Tricare Guidelines were also cited in the decision to deny the gym membership, in this case, alongside MTUS Guidelines. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 19, 2013, the applicant was described as carrying a diagnosis of failed back syndrome. The applicant was given a 46% whole-person impairment rating. It was suggested that the applicant was not working as the medical-legal evaluator stated that vocational rehabilitation was indicated. On October 2, 2013, the applicant was described as having persistent complaints of pain, depression and impaired sleep secondary to pain and depression. The applicant was only able to do light cleaning and transportation, it was stated. The applicant was asked to pursue epidural injection therapy. The applicant was asked to try Elavil for pain relief and was placed off of work, on total temporary disability. On January 31, 2014, the applicant was described as depressed and having resultant Global

Assessment of Functioning (GAF) of 56. Multiple progress notes interspersed throughout mid and late 2013 were notable for comments that the applicant was off of work, on total temporary disability. In a March 26, 2014 progress note, the applicant was described as having issues with abdominal pain and constipation. It was stated that a GI consultation to rule out gastritis and/or irritable bowel syndrome was pending. The applicant was given prescriptions for Dexilant, Gaviscon, Citrucel, Colace, Amitiza, and probiotics. On January 22, 2014, the applicant was again given refills of Dexilant, Citrucel, Gaviscon, and probiotics. GI consultation was endorsed to rule out gastritis, along with a sleep study with CPAP titration to rule out obstructive sleep apnea. In a handwritten note dated December 9, 2013, very difficult to follow, employing preprinted checkboxes rather than furnished narrative commentary, the attending provider sought authorization for gym membership, twelve sessions of aquatic therapy, pain management consultation, sleep study, a urology followup, and internal medicine followup, and a psychiatric followup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy for lumbar spine, twice weekly for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 22, Aquatic Therapy topic.MTUS page 99, Physical Medicine topic. Page(s): 22; 99.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, aquatic therapy should be reserved as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, however, there is/was no mention of issues present which would prevent or preclude participation in land-based therapy or land-based exercises. It is further noted that the twelve session course of treatment proposed here does, in and of itself represent treatment in excess of the eight to ten session course recommended in the Chronic Pain Medical Treatment Guidelines for radiculitis, the issue reportedly present here. Therefore, the request for aqua therapy for lumbar spine, twice weekly for six weeks,is not medically necessary or appropriate.

Pain management consult for chronic pain: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Evaluation and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to a conservative management should lead the

primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the applicant's chronic pain complaints have proven recalcitrant to medication management, injection therapy, and earlier lumbar spine surgery. Obtaining the added expertise of a physician specializing in chronic pain, such a pain management consultant, is indicated. Therefore, the request for a pain management consult for chronic pain is medically necessary and appropriate.

Gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricare Guidelines and Medicare, The Medicare Manual.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83.

Decision rationale: According to the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guideline, to achieve functional recovery, applicants must assume certain responsibilities, one of which is to adhere to and maintain exercise regimens. Thus, the gym membership being sought by the attending provider has been deemed, According to the Cornerstones of Disability Prevention and Management Chapter of the ACOEM Practice Guideline, to be an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, request for a gym membership is not medically necessary or appropriate.

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Worker's Compensation, Pain Procedure Summary (updated 01/07/2014), Criteria for Polysomnography.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Sleep Medicine (AASM), Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults.

Decision rationale: The MTUS does not address the topic. As noted by the American Academy of Sleep Medicine (AASM), polysomnography/sleep studies are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric choice. In this case, the applicant has reported a number of issues with sleep disturbance, both secondary to depression and chronic pain. Polysomnography would be of no benefit in establishing the presence or absence of sleep disturbance secondary to pain and/or depression. Therefore, the request for a sleep study is not medically necessary or appropriate.