MAXIMUS Federal Services

Case Number:	CM14-0043771		
Date Assigned:	08/04/2014	Date of Injury:	08/19/2010
Decision Date:	09/11/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/17/2014

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 pain syndrome, chronic ankle pain, chronic hand pain, and chronic low back pain reportedly associated with an industrial injury of August 19, 2010.Thus far, the applicant has been treated with analgesic medications; unspecified amounts of physical therapy and occupational therapy over the course of the claim; transfer of care to and from various providers in various specialties; and unspecified amounts of manipulative therapy.In a Utilization Review Report dated March 10, 2014, the claims administrator approved a request for Celebrex while denying chiropractic treatment, physical therapy, orthopedic ankle bracing, home exercise kit, occupational therapy with paraffin, aquatic therapy, a weight loss program, a cardiology referral, an internal medicine referral, an anesthesiology referral, and massage therapy. The applicant's attorney subsequently appealed.In a May 29, 2014 office visit, the applicant was described as off of work, on total temporary disability, with ongoing complaints of chronic low back pain radiating to the bilateral lower extremities, 4/10. The applicant's activity levels were unchanged. The applicant stated that medication is only helping temporarily. The applicant was trying to walk thrice weekly, it was stated. Limited lumbar range of motion was noted. The applicant was obese, with a BMI of 31. The applicant was asked to follow up with a cardiologist and consult an internist to assess a possible H. pylori infection. Tramadol was endorsed while the applicant was placed off of work, on total temporary disability. It was suggested that the applicant had issues with dyspepsia.In an earlier note of April 26, 2014, the applicant was again placed off of work, on total temporary disability. The applicant reportedly had positive H. pylori testing. It was unclear how the H. pylori testing was performed. The applicant was status post an epidural steroid injection. Twelve sessions of physical therapy, an exercise kit, an ankle brace, and a cardiologist consultation were sought. The attending provider stated that the cardiology

consultation was being sought for hypertension. However, the applicant's blood pressure was 130/88.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Treatment QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain - Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 59-60.

Decision rationale: While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrated treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant is off of work, on total temporary disability. The applicant has failed to achieve and/or maintain successful return to work status. Therefore, the request for additional chiropractic manipulative therapy is not medically necessary.

Physical Therapy QTY: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8, 99.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant and highly dependent on various forms of medical treatment, including physical therapy, manipulative therapy, medications, etc. All of the above, taken together, suggests a lack of functional improvement despite completion of earlier physical therapy in unspecified amounts. Therefore, the request for 12 additional sessions of physical therapy is not medically necessary.

Orthopedic Ankle Bracing QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), 2011 Ankle and Foot - Cam Walker (Cast).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 371.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 14, page 371, putting joints at rest in a brace or splint should be for as short a time as possible. ACOEM recommends maximizing rather than minimizing activity at every stage in an applicant's recovery. The request for ankle bracing at this late date, several years removed from the date of injury, would only serve to minimize rather than maximize the applicant's activity levels. It does not appear, moreover, that the applicant has any kind of diagnosis (e.g., ankle fracture) which would support provision of an ankle brace or ankle support. The bulk of the attending provider's reporting is focused on the applicant's issues with low back pain. There was little or no mention made of any issues associated with the ankle. Therefore, the request is not medically necessary.

Home Exercise Kit for the lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG), 7th Edition, Current year (2009), Online Knee and Leg Chapter (Updated 11/29/2012).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 98.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The home exercise kit being sought by the attending provider, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

Occupational Therapy with paraffin x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, active therapy, active modalities, and self-directed home physical medicine are endorsed during the chronic pain phase of a claim. Continued usage of paraffin, a passive modality, is not recommended at this late date, several years removed from the date of injury. Therefore, the request is not medically necessary.

Aquatic Therapy QTY: 4.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend aquatic therapy as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, in this case, however, there is no evidence of reduced weight bearing as desirable. There is no evidence that the applicant has a condition or conditions for which reduced weight bearing is desirable. It is further noted that the attending provider did not detail the applicant's gait on several office visits, referenced above. Therefore, the request is not medically necessary.

Weight Loss Program with [redacted] (# years) Membership QTY: 2.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation - Annals of Internal Medicine, Volume 142, pages1-42, January 2005 "Evaluation of the Major Commercial Weight Loss Programs." By A. G. Tsai and T.A. Wadden- Annals of Royal College of Surgeons of England, Nov 2, 2009 "Obesity and Recovery from Low Back Pain: A Prospective Study to Investigate the Effect of Body Mass Index on Recover from Low back Pain." Mangwant J. Gills C, Mulltns M, Salih T, Natali C.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 1, page 11, strategies based on modification of individual risk factors such as weight loss are "less certain, more difficult, and possibly less cost effective." In this case, no rationale for pursuit of the weight loss program in the face of ACOEM's unfavorable position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

Referral to Cardiologist for Possible Echo Study, Hypertensive Treatment and Treadmill EKG QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case, however, it is not clearly stated why a cardiology consultation, echocardiogram, and/or treadmill stress test are needed or indicated here. There was no mention of the applicant having suspected congestive heart failure which would compel the echocardiogram. There was no mention of issues with exertional dyspnea, shortness of breath, lower extremity edema, etc., present on or around the date of the request. The applicant's blood pressure appeared to be well controlled, it was further noted, on and around the date of the request, as suggested above. Therefore, the request is not medically necessary.

Internal Medicine Specialist QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the applicant's primary treating provider suggested that he is unable to treat issues with dyspepsia, as appear to be present here. The applicant apparently has had a positive H. pylori blood/breath test and has associated symptoms of dyspepsia. Obtaining the added expertise of an internist to evaluate and/or treat the same is indicated. Therefore, the request is medically necessary.

Referral to Anesthesiologist QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

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

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to 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 has chronic multifocal pain complaints which have proven recalcitrant to time, medications, physical therapy, etc. The applicant is off of work. Obtaining the added expertise of a physician specializing in chronic pain, such as an anesthesiologist/pain management specialist, is indicated. Therefore, the request is medically necessary.

Massage Therapy QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatment, such as exercise, should be limited to four to six visits in most cases. In this case, it has not been clearly stated how much prior massage therapy the applicant has had over the course of the claim. It is further noted that the applicant has been incompletely compliant with the home exercise program, as suggested by the treating provider. Continued pursuit of passive modalities during the chronic pain phase of the claim is not recommended, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.