

<b>Case Number:</b>	CM14-0044718		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/11/2001
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Orthopedic Surgery 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 53-year-old female who was reportedly injured on January 11, 2001. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 15, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated 5'5", 210 pound individual who is normotensive. There was tenderness to palpation reported. Deep tendon reflexes were noted to be hyperreflexia. A decrease in sensation was reported, and motor function was 5/5. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, physical therapy, and trigger finger release. A request had been made for drug screen and multiple medications and was not certified in the pre-authorization process on March 21, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC, Pain Procedure Summary.

**Decision rationale:** As noted in the most recent progress notes presented for review, urine drug screening was consistent. Furthermore, there were no indications in the progress notes that there was any evidence of illicit drug use, drug diversion, abuse or addiction. Therefore, when noting the parameters outlined for urine drug testing and noting that none were met, there was no clinical information presented to suggest a medical necessity of such an intervention. Therefore, this request is not medically necessary.

**Lumbar Epidural Steroid Injection at L4-5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

**Decision rationale:** As noted in the parameters outlined in the California Medical Treatment Utilization Schedule, prior to doing epidural steroid injections, it is required objectification of a verifiable radiculopathy, which is documented by imaging studies, illicit diagnostic studies and physical examination. These parameters were not met. As such, there was insufficient clinical evidence presented to support the medical necessity of such an intervention. Therefore, this request is not medically necessary.

**Robaxin 750mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Methocarbamol (Robaxin) Page(s): 65.

**Decision rationale:** Robaxin is a muscle relaxant intended as a second line option for short-term treatment of acute exacerbations of chronic low back pain. According to the progress notes in the attached medical record, there has been no report of any acute exacerbations of low back pain or any spasms noted on physical examination. Considering this, the request for Robaxin is determined to be not medically necessary.

**Aquatherapy for Lumbar Spine quantity 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aqua therapy Page(s): 22.

**Decision rationale:** When noting the date of injury, the mechanism of injury, the injury sustained, the multiple interventions completed and the parameters outlined in the California Medical Treatment Utilization Schedule, there was insufficient clinical data presented to support this request. The 1st point to make is that while the recommended is an optional form of exercise therapy, there is no narrative or discussion as to why aquatic therapy is indicated or preferred over more standardized land-based interventions. Furthermore, it is not clear if this is a self-motivated exercise protocol or actual physical therapy requiring the oversight of a healthcare professional. Therefore, based on the limited clinical information presented for review, this request is not medically necessary.

**Weight loss program:** 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 Non-MTUS The Annals of Internal Medicine, Volume 142, pages 1 through 42, January 2005, "Evaluation of Major Commercial Weight Loss Programs" by AG Tsai and TA Wadden.

**Decision rationale:** It was noted that this individual is overweight (5'10", 210 pounds) and that a weight loss protocol is indicated. However, there is no narrative presented as to what type of weight was protocol, but the clinical indications are other than achieving an ideal body weight and why this cannot become with a home exercise protocol and dietary restrictions. Therefore, based on this rather incomplete clinical information, the medical necessity has not been established. Furthermore, the noted article indicates that counseling for diet and exercise as well as behavior therapies is the mainstay treatment of obesity. The researchers indicated that nothing was provided through these programs that could not be taught to the patient through a registered dietician. Specifically the use of a low calorie, low-fat diet with a simple home exercise program is all that would be necessary to which, with the goal. The medical necessity for such a protocol has not been established.

**Pilates:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Pilates is an exercise protocol not noted to be particularly aerobic, and there was no clinical indication presented to support the need for this specific type of exercise. When noting the age of the injured worker and by the date of injury, the injury sustained, and the current body habitus, one would suggest a home exercise protocol and dietary restrictions be more appropriate. Again, there were no specific citations relative to the efficacy of Pilates in the medical literature.

