

<b>Case Number:</b>	CM14-0057512		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/26/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Family 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:

This is a 52 year old male patient who reported an industrial injury to the neck on 5/26/2011, over three years ago, attributed to the performance of his job tasks. The patient complains of cervical pain and headaches along with left shoulder pain. The patient also reports lower back pain radiating to the bilateral lower extremities. The patient was previously authorized to have lumbar spine discogram; however the patient did not complete the study. The objective findings on examination included TTP and muscle spasm to the cervical spine and lumbar spine; antalgic gait to the RLE. The patient is diagnosed with cervical C5-C6 HNP; lumbar spine sprain/strain; and lumbar spine DDD. The treatment plan included a follow up with an orthopedic surgeon; a follow up with a Spine Surgeon, and aquatic therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Follow-up Visit with Spine Surgeon:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5, Division of Workers' Compensation, Subchapter 1. Administrative Director - Administrative Rules Article 5.5.2, Medical Treatment Utilization Schedule

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back chapter-- surgical intervention American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7 page 127;

**Decision rationale:** The request for authorization of a consultation with an Orthopedic Spine Surgeon 3 years after the date of injury (DOI) for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. The request was made based on back pain with reported weakness without the demonstrated failure of exercise or conservative treatment. The patient is three (3) years s/p DOI with no documented objective findings on examination to support the medical necessity of a referral to a Spinal surgeon. There are no documented objective findings by the requesting provider to support the medical necessity of an orthopedic spine physician referral and treatment for the diagnoses documented of ongoing mechanical back pain. There is no rationale provided by the treating physician to support medical necessity. There are no objective findings on examination documented by the requesting physician to support the medical necessity of a referral to an orthopedic spine surgeon based on the subjective complaints or objective findings on examination. There are no documented surgical lesions. There is no documented surgical lesion to the lumbar spine. There is no demonstrated medical necessity for the patient to be evaluated with an Orthopedic Spine surgeon for the reported back issues as there are no documented clinical changes to support the medical necessity of surgical intervention. The patient is not documented to have failed conservative treatment. There are no documented severe or disabling symptoms; significant activity limitations; no imaging or electrodiagnostic evidence of a lesion that would benefit from surgical intervention; and there are no unresolved radicular symptoms after the provision of conservative treatment. There is no demonstrated medical necessity for an orthopedic spine surgeon evaluation for the lumbar spine based on the documented objective findings on examination.

**Follow-up Visit with Ortho:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter--impingement surgical intervention American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 7 page 127;

**Decision rationale:** The request for authorization of a follow up with an Orthopedic Surgeon 3 years after the date of injury (DOI) for the documented diagnoses, is not demonstrated to be medically necessary for the effects of the cited industrial injury. There are documented objective findings by the requesting provider to support the medical necessity of an orthopedic treatment for the diagnoses documented of chronic shoulder pain with no documented objective findings on examination supporting the presence of a surgical lesion. There is a documented persistent pain to the shoulder. There is no demonstrated medical necessity for the patient to continue with Orthopedics for the shoulder. The patient would benefit from a one-time consultation to be evaluated for surgical intervention to the shoulder. The consultation would

provide input for a treatment plan including conservative care; injection; exercises; and potential surgical intervention.

**Aqua therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Title 8. Industrial Relations, Division 1. Department of Industrial Relations, Chapter 4.5, Division of Workers' Compensation, Subchapter 1. Administrative Director - Administrative Rules Article 5.5.2, Medical Treatment Utilization Schedule

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 203-204, 299-300, Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 98-99 22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lower back section--PT; neck section--PT American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114

**Decision rationale:** The patient is not precluded from performing land based exercise. There is no rationale to support additional PT in the form of aquatic therapy over the number of sessions recommended by the CA MTUS. The additional sessions are significantly in excess of the number of sessions of PT recommended by the CA MTUS. There is no demonstrated medical necessity for continued aquatic therapy as maintenance care. There were no objective findings on examination to support the medical necessity of aquatic therapy directed to the neck, back, and shoulder over the recommended land based exercises and self directed home exercise program. The provider fails to document any objective findings on examination other than TTP and decreased Range of Motion (ROM). There is no muscle atrophy; weakness; or neurological deficits to warrant the provision of additional PT. The patient should be in a self directed home exercise program as recommended without the necessity of additional PT or professional supervision. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease or lumbar radiculopathies. The patient has exceeded the recommendations of the CA MTUS. There is no objective evidence or findings on examination to support the medical necessity of additional PT. The patient has some restrictions to ROM but has normal strength and neurological findings. There is no provided objective evidence that the patient is unable to participate in a self directed home exercise program for continued conditioning and strengthening. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of unspecified sessions of physical therapy/aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lower back pain. There is insufficient evidence or subjective/objective findings on physical examination provided to support the medical necessity of an additional aquatic therapy beyond the number recommended by the CA MTUS for treatment of the lumbar spine. The patient should be in a self-directed home exercise program for conditioning and strengthening. There is no provided subjective/objective evidence to support the medical necessity of aquatic therapy or pool therapy for the cited diagnoses. There is no objective evidence to support the medical necessity of aquatic therapy over the recommended self directed home exercise program. The use of pool

therapy with no evidence of a self directed home exercise program is inconsistent with evidence based guidelines. The CA MTUS does not specifically address the use of pool therapy for the back and state that "Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines". The ACOEM Guidelines state: "Aerobic exercise is beneficial as a conservative management technique, and exercising as little as 20 minutes twice a week can be effective in managing low back pain." The recommendations of the evidence based guidelines are consistent with a self-directed home exercise program for conditioning and strengthening without the necessity of professional supervision. There is strong scientific evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient objective evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. There is no demonstrated medical necessity for the requested sessions of aquatic therapy directed to the lumbar/cervical spine and shoulder or for the cited diagnoses. The request is not medically necessary and appropriate.