

Case Number:	CM14-0060926		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2009
Decision Date:	09/09/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/01/2014

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 reflex sympathetic dystrophy reportedly associated with an industrial injury of May 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of acupuncture, physical therapy, and massage therapy; spinal cord stimulator; and various interventional procedures, including multiple sympathetic blocks. In a Utilization Review Report dated April 18, 2014, the claims administrator denied a request for a hot tub, massage therapy, and lumbar CT scan. The claims administrator, it is incidentally noted, cited non-MTUS ODG Guidelines on heat packs/hot packs to deny the hot tub but did not incorporate said guidelines into its rationale. The applicant's attorney subsequently appealed. In a May 7, 2014 progress note, the applicant reported persistent complaints of low back and right leg pain, 7-8/10. The applicant stated that usage of a hot tub and electrical stimulator diminished her pain to some extent. The applicant was using Percocet, Neurontin, Zanaflex, and Tylenol, it was acknowledged. The applicant was still smoking and also had a history of asthma, in addition to the history of CRPS, it was acknowledged. Percocet was refilled. Facet medial branch blocks were sought. The applicant's work status was not furnished, although it did not appear that the applicant was working. In a March 27, 2014 progress note, the applicant reported 8/10 low back and right leg pain. The applicant was using Tylenol, Advil, Excedrin, Percocet, and Neurontin, it was acknowledged, and was still smoking as of this point in time. Multiple medications were refilled. The applicant was described as obese, with a BMI of 31. 5/5 bilateral lower extremity was appreciated with no sensory deficits about the bilateral lower extremities, stated in one section of the report. Another section of the report stated that the applicant was hypersensitive to touch about the right lower extremity. The applicant exhibited a

normal gait and negative straight leg raising. Somewhat incongruously, the attending provider reported full range of motion in one section of the report and limited range of motion in another section of the report. Symmetric reflexes were noted. Percocet and gabapentin were renewed. Lumbar CT scan was ordered. It was not stated for what purpose the CT scan was sought. A hot tub and massage therapy were endorsed for pain management purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot Tub: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2. MTUS Physical Medicine topic Page(s): 98. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 14, Table 14-3, page 370.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 14, Table 14-3, page 370, at-home local applications of heat and cold, per applicant preference, are recommended as methods of symptom control for ankle and foot complaints, as are present here. There is, conversely, no support in ACOEM for provision of a hot tub to deliver heat therapy. The attending provider has not clearly outlined why a more elaborate high-tech heating device such as a hot tub would be needed to deliver heat therapy here. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines emphasizes active therapy, active modalities, and home exercise as an extension of the treatment process as opposed to continued reliance on passive modalities such as the hot tub being sought here. Therefore, the request is not medically necessary.

Massage therapy 2 x week for 6 weeks Total:12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ACOEM Practice Guidelines, Chapter 14, Table 14-3, Page(s): 370.

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 and should be limited to four to six visits in most cases. The 12-session course of treatment proposed by the attending provider, thus, represents treatment at a rate two to three times MTUS parameters. It is further noted that the applicant has had earlier unspecified amounts of massage therapy over the life of the claim and has, moreover, failed to exhibit any lasting benefit or functional improvement through the same. The applicant remains off of work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioids, such as Percocet, adjuvant medications such as gabapentin,

and a spinal cord stimulator. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite earlier massage therapy in unspecified amounts. Therefore, the request is not medically necessary.

CT scan lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 12, Table 12-8, page 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, Table 12-8 does recommend CT or MRI imaging when cauda equina syndrome, tumor, fracture, and/or infection are strongly suspected and plain film radiographs are negative. In this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider did not furnish any rationale for pursuit of the lumbar CT scan on a progress note of March 27, 2014. It was not stated how the proposed CT scanning would influence the treatment plan. It was not stated that the applicant would act on the results of the CT study in question and/or consider a surgical remedy were it offered. Therefore, the request is not medically necessary.