

Case Number:	CM14-0069339		
Date Assigned:	07/14/2014	Date of Injury:	06/07/2013
Decision Date:	09/23/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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:

This is a 55-year-old female with a 6/7/13 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/14/14, the patient stated that she was feeling a lot better about her cervical spine and a little better for her lumbar spine with water aerobics. The patient had joined a 24-hour gym for aquatic therapy. Objective findings: increased strength noted in the arms, minimal improvement in her lumbar spine. There were several other illegible handwritten reports provided for review. Diagnostic impression: herniated disc, cervical spine; cervical disc disorder with myelopathy; cervical spine stenosis; cervicgia; cervical radiculitis/neuritis; cervical facet arthropathy; lumbar and lumbosacral spine herniated disc; lumbago; sciatica; lumbar radiculitis/neuritis; lumbar facet arthropathy; cephalgia; occipital neuralgia. Treatment to date: medication management, activity modification, physical therapy, aquatic therapy. A UR (utilization review) decision dated 4/18/14 denied the requests for work conditioning, lumbar ESI, gym membership. Regarding work conditioning, the records did not reveal a specific job or job description that was available to the patient to support the need for work conditioning. Regarding TENS unit and exercise kit, the request was modified for a one-month trial period of the TENS unit to enable documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Regarding lumbar ESI, the outcome of the concurrently requested TENS unit trial and exercise kit should first be assessed prior to establishing the need for this intervention. Regarding gym membership, it is not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning 2 times a week for 5 weeks to the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. Timelines: 10 visits over 4 weeks, equivalent to up to 30 hours. It is unclear if the patient is currently working. There is no documentation of the patient's job description or what physical activities are required for her work. Therefore, the request for Work conditioning 2 times a week for 5 weeks to the Lumbar Spine was not medically necessary.

TENS unit for Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that TENS units are not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. Criteria for the use of TENS unit include Chronic intractable pain - pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, and a treatment plan including the specific short- and long-term goals of treatment with the TENS unit. A UR decision dated 4/18/14 modified this request to certify a 30-day trial of TENS unit. Ongoing treatment would require documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Other ongoing pain treatment should also be documented during the trial period including medications. Therefore, the request for TENS unit for Lumbar Spine was not medically necessary.

Exercise Kit for Lumbar Spine: 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 Official Disability Guidelines (ODG) Knee Chapter, Exercise Equipment.

Decision rationale: CA MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. There is no documentation that the patient has been using a home exercise program instructed by a medical provider. In addition, there is no description of the exact equipment in the kit that is being requested. Therefore, the request for Exercise Kit for Lumbar Spine was not medically necessary.

Left L4, L5, S1 interspace, lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46. Decision based on Non-MTUS Citation AMA Guides (Radiculopathy).

Decision rationale: CA MTUS does not support epidural injections in the absence of objective radiculopathy. In addition, CA MTUS criteria for the use of epidural steroid injections include an imaging study documenting correlating concordant nerve root pathology; and conservative treatment. Furthermore, repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks following previous injection, with a general recommendation of no more than 4 blocks per region per year. According to the reports reviewed, there was no documentation of radiculopathy on physical exam. In addition, there were no imaging study reports of the lumbar spine provided for review. There is no documentation that the patient has failed conservative therapy. In fact, in a progress note dated 4/14/14, the patient stated that her lumbar spine pain was better with aquatic therapy. Therefore, the request for Left L4, L5, S1 interspace, lumbar epidural steroid injection was not medically necessary.

Gym for Yoga, Pilates, Aerobic exercises: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 126.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: CA MTUS does not address this issue. ODG does not recommend gym memberships unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. However, there is no evidence that attempts at home exercise were ineffective. There is no evidence that the patient would require specialized equipment. There is also no indication that treatment will be administered and monitored by medical professionals. In addition, gym memberships, health clubs, swimming pools, athletic clubs, etc., are not generally considered medical treatment. Therefore, the request for Gym for Yoga, Pilates, Aerobic exercises was not medically necessary.