

Case Number:	CM14-0078063		
Date Assigned:	08/06/2014	Date of Injury:	03/10/2005
Decision Date:	09/10/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 claimant is a 53-year-old gentleman injured on March 10, 2006. A review of available records documents multiple orthopedic injuries to both the cervical and lumbar spine, and bilateral knees. Review of an April 3, 2014, clinical assessment indicates the claimant continues to complain of extreme cervical, lumbar, and bilateral knee pain levels. Pain is constant and worsens with standing and walking. The records state the claimant has previously benefited from aquatic therapy. Findings on physical examination showed a healed incision to the anterior neck from a prior fusion; the claimant also had restricted range of motion and tenderness to palpation. The lumbar spine also had tenderness to palpation, restricted motion and spasm. Bilateral knee examination revealed tenderness at endpoints with range of motion that was negative for Lachman and McMurray's testing with no evidence of instability. Reports of cervical and lumbar spine radiographs revealed in the lumbar spine a two-level fusion with hardware present as well as prior fusion changes noted to the cervical spine. Given the claimant's chronic complaints, there are requests for: additional X-rays of the lumbar spine; 18 additional sessions of aquatic therapy for the lumbar and cervical spine and right knee and cervical spine; a gym and pool membership; a prescription for Hydrocodone/APAP 10/325mg #60; and a Kronos Lumbar Support.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-rays of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: Regarding lumbar imaging, the ACOEM Guidelines state that in the absence of red flags, imaging and other testing are usually not beneficial during the first four to six weeks of acute low-back symptoms. At time of the request, lumbar X-rays were performed at that clinical visit that documented stable position of prior hardware from fusion. There is no documentation of an abnormal findings to require additional lumbar radiographs. Without documentation of significant symptomatic changes, the request in this case is not medically supported.

18 Aqua Therapy Sessions for the lumbar spine, right knee and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98, 340, Chronic Pain Treatment Guidelines Aquatic Therapy/Swimming.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: According to the Chronic Pain Guidelines, aquatic therapy can be used as an adjunct to physical therapy when land-based activities are poorly tolerated. The issue in this case arises because the claimant has already had a recent significant course of aquatic and physical therapy. The specific request for 18 additional sessions of therapy exceeds the Chronic Pain Guideline for physical therapy in the chronic setting, which typically recommends a maximum of 10 visits for acute symptomatic flare for myalgias or myositis. Therefore, the request for 18 additional sessions of aquatic therapy sessions is not medically supported.

Gym and pool membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: ACOEM Guidelines indicate gym and pool membership are to promote overall general health and well-being and are generally non-work-related in nature. Additionally, there is no documentation to support the use of gym or pool membership as it relates to the claimant's underlying work-related injury. Therefore, the request is not medically supported.

Hydrocodone/APAP 10/325mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80.

Decision rationale: According to the Chronic Pain Guideline criteria, Hydrocodone should be discontinued if significant benefit is not reported with its use. Based on the claimant's chronic complaints of extreme pain to the knee and lumbar and cervical spine, there is no evidence or documentation of benefit that has been achieved with the use of short-acting narcotic analgesics. Based on the claimant's time frame from injury, current working diagnosis and lack of documented benefit with this narcotic, the request for Hydrocodone/APAP 10/325mg, #60 is not medically supported.

1 Kronos Lumbar Support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9; 298, 301.

Decision rationale: Based on California MTUS guidelines, the request for a Kronos Lumbar Support is not medically necessary. Lumbar supports are not recommended as a preventive tool, nor are they typically recommended when there is no documentation of instability or a fracture, and the claimant is not in an immediate postsurgical state. Based on the claimant's diagnosis of chronic low back pain with no new clinical findings, structural changes and/or new surgical processes, the request for a Kronos Lumbar Support is not medically supported.