MAXIMUS Federal Services

Case Number:	CM14-0087032		
Date Assigned:	07/23/2014	Date of Injury:	11/22/2012
Decision Date:	09/17/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/10/2014

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 licensed 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 71 year-old male who sustained an industrial injury on 11/22/2012. According to a report dated 04/25/2014, the patient presents for follow-up for his neck and low back. He has completed 3 weeks of water therapy which he states is not helping much, but states he is able to sleep better. His low back pain persists with ongoing numbness and tingling into the lower extremities. He also has persistent neck symptoms with radiation to the upper extremities. Low back pain is rated 9-10/10 and neck pain rated 8/10. He also complains of right shoulder pain rated 8/10 and right leg pain rated 8-9/10. He is taking Tramadol currently. Physical examination reveals antagic gait, mild right torticollis, positive spurring's to the right, pain on scapular retraction, swelling/inflammation of the right levator scapula, decreased cervical ROM with significant pain on tilt and rotation. There is no evidence of instability. Biceps reflex, bicep and wrist strength, and sensation in the dorsum of the hand are diminished. Coordination and balance are intact. Lumbar examination reveals tenderness, spasm, restricted ROM, decreased sensation in right foot dorsum and posterolateral calf, 4/5 right plantar flexor and toe extensor strength, right sciatic notch tenderness, positive sciatic nerve compression on the right, and SLR supine 60/seated 50. Urine drug screen 03/24/2014 reviewed revealed inconsistent with prescription therapy, Cyclobenzaprine detected but not reported as prescribed, Tramadol was not detected but reported as prescribed. Diagnoses include C5-6 disc herniation with right sided radiculopathy, L4-5 and L5-S1 disc herniation with right sided radiculopathy. Patient is scheduled to start acupuncture. Request is for 8 additional visits of aqua therapy and patient is to return in 6 weeks for orthopedic re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional aquatic therapy for the low back; 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Guidelines Page(s): 22; 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy, Sciatica.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the 04/25/2014 progress report, the patient has completed 3 weeks of aquatic therapy, with report that the therapy did not help. There is no medical justification for continuing a course of treatment that has provided no discernible functional improvement. Consequently, additional aquatic therapy is not medically necessary.

Orthopedic re-evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: chapter 7; Independent Consultations, page 127; Official Disability Guidelines (ODG), Neck & Upper Back, Office Visits, Official Disability Guidelines (ODG), Low Back, Office Visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office visits.

Decision rationale: The MTUS ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral. According to the ODG, evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The patient is approaching 2 years postdate of injury. The 04/25/2014 report does not demonstrate the patient is pending surgical intervention, or recently post-op surgery. There does not appear to be a medical necessity for an orthopedic re-evaluation in 6 weeks, for a patient whose condition appears to be stable on the current course of conservative management. The medical necessity for an orthopedic re-evaluation is not established by the medical records provided. Given the

apparent stability of his long-standing complaints, the medical records do not establish that follow-up in 6 weeks is medically warranted. Therefore, this request is not medically necessary.