

Case Number:	CM13-0032355		
Date Assigned:	12/11/2013	Date of Injury:	09/17/2005
Decision Date:	03/05/2015	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/07/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 has a history of a work injury occurring on 09/17/05 with injury to the spine. He was seen on 06/20/13. He was having difficulty performing activities of daily living and is referenced as wheelchair bound. He was having back and leg pain rated at 10/10. He was using a motorized wheelchair. Physical examination findings consisted of vital signs with reference to an unchanged examination since 11/15/12. On 08/05/13 he was having ongoing low back pain rated at 9/10. Medications included metoprolol, Cymbalta, Lyrica, Norco, Tylenol, Lipitor, and Diflunisal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Regular wheelchair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Coverage of Mobility Assistive Equipment

Decision rationale: The documentation submitted does not confirm that any mobility limitation cannot be resolved through the use of alternative mobility assistive equipment such as a cane. In this case, there are no documented physical examination findings or evaluation of ADL deficits that would support the need for a regular wheelchair. The request is for use on an as needed basis. Therefore, it is not medically necessary.

Trial of aquatic therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6: p87

Decision rationale: A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case there is no co-morbid condition identified. Therefore the requested pool therapy is not medically necessary.

Trial percutaneous spinal cord stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Spinal cord stimulators

Decision rationale: Criteria for consideration of a spinal cord stimulator include a history of failed back syndrome or complex regional pain syndrome (CRPS) / reflex sympathetic dystrophy (RSD). In this case, neither of these conditions is documented and therefore the requested spinal cord stimulator is not medically necessary.

Trial of intrathecal morphine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Implantable drug delivery systems (IDDSs)

Decision rationale: An implantable drug delivery system is recommended only as an end-stage treatment alternative for selected patients. Criteria include when there is failure of strong opioids or other analgesics in adequate doses with fixed schedule (not PRN) dosing have failed to relieve

pain or there are intolerable side effects to systemic opioids or other analgesics which is not documented in this case. Therefore, the requested trial of intrathecal morphine is not medically necessary.