

Case Number:	CM13-0066181		
Date Assigned:	01/03/2014	Date of Injury:	04/26/2009
Decision Date:	03/09/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/16/2013

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 employee is a 50 year old female with date of injury of 4/26/2009. A review of the medical records indicate that the patient is undergoing treatment for failed back syndrome and intervertebral disc disease of the cervical and lumbar spines with radiculitis. Subjective complaints include continued pain in the neck and upper and lower back with pain and tingling radiating to the upper and lower extremities. Objective findings include limited range of motion of the cervical and lumbar spines with tenderness to palpation of the paravertebrals; positive straight leg raise. Treatment has included Norco, Gabapentin, and Tramadol. The utilization review dated 12/6/2013 non-certified an EMG of the bilateral lower extremities, 12 sessions of aquatic therapy, Norco #120, a weight loss program, consultation with a sleep specialist, and 30 home care visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 303-309. Decision based on Non-MTUS Citation Chronic Pain; Electrodiagnostic studies

Decision rationale: ACOEM states "Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing." There is diagnostic evidence of radiculopathy in the medical documentation. As such the request for ELECTROMYOGRAPHY OF THE BILATERAL LOWER EXTREMITY is not medically necessary.

12 SESSIONS OF AQUATIC THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Low Back; Aquatic

Decision rationale: California MTUS guidelines state that "Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease." Records provided indicate that the patient received some physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. The treating

physician does not document a reason to grant additional visits in excess of this trial. As such, the current request for 12 sessions of aquatic therapy is not medically necessary.

NORCO 10/325MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 79-80, 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Neck/Upper Back; Opioids

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the question for Norco 10/325mg #120 is not medically necessary.

WEIGHT LOSS PROGRAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA POLICY ([HTTP://WWW.AETNA.COM/CPB/MEDICAL/DATA/1_99/0039.HTML](http://www.aetna.com/cpb/medical/data/1_99/0039.html))

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UptoDate.com, Obesity in adults: Overview of management

Decision rationale: MTUS is silent specifically regarding medical weight loss programs. Uptodate states, overweight is defined as a BMI of 25 to 29.9 kg/m²; obesity is defined as a BMI of 30 kg/m². Severe obesity is defined as a BMI 40 kg/m² (or 35 kg/m² in the presence of comorbidities.) Additionally, assessment of an individual's overall risk status includes determining the degree of overweight (body mass index [BMI]), the presence of abdominal obesity (waist circumference), and the presence of cardiovascular risk factors (eg, hypertension, diabetes, dyslipidemia) or comorbidities (eg, sleep apnea, nonalcoholic fatty liver disease). The relationship between BMI and risk allows identification of patients to target for weight loss intervention (algorithm 1). There are few data to support specific targets, and the approach described below is based upon clinical experience. All patients who would benefit from weight loss should receive counseling on diet, exercise, and goals for weight loss. For individuals with a

BMI 30 kg/m² or a BMI of 27 to 29.9 kg/m² with comorbidities, who have failed to achieve weight loss goals through diet and exercise alone, we suggest pharmacologic therapy be added to lifestyle intervention. For patients with BMI 40 kg/m² who have failed diet, exercise, and drug therapy, we suggest bariatric surgery. Individuals with BMI >35 kg/m² with obesity-related comorbidities (hypertension, impaired glucose tolerance, diabetes mellitus, dyslipidemia, sleep apnea) who have failed diet, exercise, and drug therapy are also potential surgical candidates, assuming that the anticipated benefits outweigh the costs, risks, and side effects of the procedure. The treating physician does not detail that the patient is unable to make any progress with weight loss on her own, and does not write what weight loss modalities (diet, exercise, and counseling) has been tried and failed. Furthermore, there are no details as to the type of weight loss program requested. Therefore, the request for a weight loss program is not medically necessary.

SLEEP SPECIALIST CONSULTATION: 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), POLYSOMNOGRAPHY

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic pain; insomnia

Decision rationale: MTUS does not provide recommendations for insomnia treatment. ODG does not specifically address consultation, but recommends correcting sleep deficits. ODG also states "Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." UpToDate states that patients should receive therapy for any precipitating or exacerbating medical condition, and should receive basic behavioral counseling about sleep hygiene and stimulus control. The medical documentation only briefly mentions the patient's sleep difficulty. The treating physician does not provide a complete history or thorough review of the nature and type of difficulty, to include duration and possible causes, before specialty consultation is recommended. It is generally not appropriate to consult a specialist without at least detailing the history of the complaint. Therefore, the request for consultation with sleep disorder specialist is not medically necessary at this time

30 HOME CARE ASSISTANCE VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines HOME HEALTH SERVICES Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51. Decision based on Non-MTUS Citation Chronic Pain; Home Health Services

Decision rationale: According to MTUS and ODG Home Health Services section, "Recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed." Given the medical records provided, employee does not appear to be "homebound." The treating physician does not detail what specific home services the patient should have. Additionally, documentation provided does not support the use of home health services as medical treatment, as defined in MTUS. As such, the current request for 30 HOME CARE ASSISTANCE VISITS is not medically necessary.