

Case Number:	CM14-0136331		
Date Assigned:	09/03/2014	Date of Injury:	03/13/1990
Decision Date:	07/01/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/25/2014

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. 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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52-year-old female, who sustained an industrial injury on 3/13/90. The diagnoses have included lumbar spine strain/sprain and bilateral foot plantar fasciitis. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, psychiatric, injections and home exercise program (HEP). As per the most recent physician progress note dated 1/23/14, the injured worker complains of increased bilateral foot and ankle pain which started 3 weeks previous and also she reports increased low back pain with radiation of pain top the legs. She has frequent moderate pain that was relieved somewhat with therapy in the past. She is not working at this time. The pain is rated 3-5/10 on pain scale and described as mild, intermittent, dull, aching, soreness. The physical exam reveals lumbar spine tenderness to palpation, with muscle guarding and slight spasm. There is decreased range of motion in the lumbar spine with flexion of 31 degrees, extension of 8 degrees, right side bending 9 degrees and left side bending 11 degrees. The exam of the feet and ankles reveals tenderness to palpation over the plantar fascis and lateral joints of the ankles. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine dated 10/18/03 reveals lumbar scoliosis with psoas muscle asymmetry compatible with post traumatic asymmetric weight bearing or ongoing musculoligamentous spasm. There were no other diagnostic studies noted in the records. The current medications included Tylenol #3 for pain. Work status is temporary totally disabled. Treatment plan was for a brief course of physical therapy to the bilateral feet and lumbar spine and follow up in 6 weeks. The physician requested treatments included one prescription of Tylenol #3 300/30mg #60, one-gym membership, one set of bilateral wrist braces, and One X-ray of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Tylenol #3 300/30mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the sole 01/23/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs and bilateral foot and ankle pain, rated 3-5/10. The request is for ONE PRESCRIPTION OF TYLENOL #3 300/30MG #60. Patient's diagnosis per Request for Authorization form dated 01/23/14 includes lumbar spine musculoligamentous sprain/strain, and bilateral plantar fasciitis (per diagnostic ultrasound study dated February 6, 2008). Physical examination to the lumbar spine on 01/23/14 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 8 degrees. Examination of the feet and ankles revealed tenderness to palpation over the plantar fascia and lateral joints of the ankles. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, psychiatric, injections and home exercise program (HEP). Patient's medications include Tylenol #3. The patient is not working, per 01/23/14 report. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Per 01/23/14 report, treater states "request authorization for medication refill." In this case, treater has not stated how Tylenol #3 reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.

One gym 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 (ODG), Low Back Chapter, Lumbar & Thoracic (Acute and Chronic).

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 (Lumbar & Thoracic) Chapter, Gym memberships.

Decision rationale: Based on the sole 01/23/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs and bilateral foot and ankle pain, rated 3-5/10. The request is for ONE GYM MEMBERSHIP. Patient's diagnosis per Request for Authorization form dated 01/23/14 includes lumbar spine musculoligamentous sprain/strain, and bilateral plantar fasciitis (per diagnostic ultrasound study dated February 6, 2008). Physical examination to the lumbar spine on 01/23/14 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 8 degrees. Examination of the feet and ankles revealed tenderness to palpation over the plantar fascia and lateral joints of the ankles. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, psychiatric, injections and home exercise program (HEP). Patient's medications include Tylenol #3. The patient is not working, per 01/23/14 report. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym membership's states: "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." Medical professionals must monitor ODG further states treatment. Per 01/23/14 report, treater states "request authorization for gym membership to begin once the brief course of therapy is complete so the patient may perform a self-guided exercise program in order to avoid more expensive in-office care and flare-ups." ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective; and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Furthermore, ODG generally does not support pool/gym memberships as medical treatment. In this case, there is no documentation of specific objective and subjective outcomes with regards to gym membership, mention of need for special equipment, nor discussion why the patient is unable to do the necessary exercises at home. In addition, guidelines do not support open-ended requests. Treater has not indicated duration of membership in this request. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

One set of bilateral wrist braces: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

Decision rationale: Based on the sole 01/23/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs and bilateral foot and ankle pain, rated 3-5/10. The request is for ONE SET OF BILATERAL WRIST BRACES. Patient's diagnosis per Request for Authorization form dated 01/23/14 includes lumbar spine musculoligamentous sprain/strain, and bilateral plantar fasciitis (per diagnostic ultrasound study dated February 6, 2008). Physical examination to the lumbar spine on 01/23/14 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 8 degrees. Examination of the feet and ankles revealed tenderness to palpation over the plantar fascia and lateral joints of the ankles. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, psychiatric, injections and home exercise program (HEP). Patient's medications include Tylenol #3. The patient is not working, per 01/23/14 report. ACOEM Guidelines page 265 states, "When treating with splints and CTS, scientific evidence supports the efficacy of neutral wrist splints. Splinting would be used at night and may be used during the day

depending upon activity." ODG, Wrist Chapter, Splinting, states, "Recommend splinting of wrist in neutral position at night & day prn, as an option in conservative treatment." Treater has not provided medical rationale for the request. Per 01/23/14 report, treater states "request authorization for bilateral wrist braces - provided with braces." ACOEM guidelines allow for use of wrist braces in patients with carpal tunnel syndrome. In this case, there are no symptoms, physical examination findings, nor diagnosis pertaining to the upper extremity or wrists, nor indication of instability, to warrant dispensing wrist braces. Therefore, the request IS NOT medically necessary.

One X-ray of the lumbar spine: 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 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Radiography.

Decision rationale: Based on the sole 01/23/14 progress report provided by treating physician, the patient presents with low back pain that radiates to the legs and bilateral foot and ankle pain, rated 3-5/10. The request is for ONE X-RAY OF THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 01/23/14 includes lumbar spine musculoligamentous sprain/strain, and bilateral plantar fasciitis (per diagnostic ultrasound study dated February 6, 2008). Physical examination to the lumbar spine on 01/23/14 revealed spasm and tenderness to palpation to the paraspinal muscles. Range of motion was decreased, especially on extension 8 degrees. Examination of the feet and ankles revealed tenderness to palpation over the plantar fascia and lateral joints of the ankles. Treatment to date has included medications, diagnostics, activity modifications, physical therapy, psychiatric, injections and home exercise program (HEP). Patient's medications include Tylenol #3. The patient is not working, per 01/23/14 report. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." ODG further states, "Immediate imaging is recommended for patients with major risk factors for cancer, spinal infection, caudal equine syndrome, or severe or progressive neurologic deficits. Imaging after a trial of treatment is recommended for patients who have minor risk factors for cancer, inflammatory back disease, vertebral compression fracture, radiculopathy, or symptomatic spinal stenosis. Subsequent imaging should be based on new symptoms or changes in current symptoms." Treater has not provided medical rationale for the request. There are no specific concerns for fracture, trauma, suspicion of cancer, and infection. Although the review of the reports does not show a recent or prior X-rays, treater does not explain why X-rays are being asked. In this case, there are no specific concerns raised to warrant a set of X-rays. Therefore, the request IS NOT medically necessary.