MAXIMUS Federal Services

Case Number:	CM14-0188374		
Date Assigned:	11/19/2014	Date of Injury:	06/02/2014
Decision Date:	01/08/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational Medicine, 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 applicant is a represented [redacted] employee who has filed a claim for low back and mid back pain reportedly associated with an industrial injury of June 2, 2014.In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve request for 'physiotherapy and functional restoration program,' failed to approve a request for CRP, and failed to approve a request for ESR. The claims administrator stated that the MTUS does not address the topic of ESR and/or CRP testing and invoked non-MTUS Guidelines from uptodate.com to address the same. The claims administrator stated that its decision was based on an October 17, 2014 progress note. The claims administrator noted that the applicant had undergone earlier lumbar spine surgery and was not presently working as a carpenter.In a November 14, 2014 progress note, the applicant reported ongoing complaints of low back pain status post lumbar spine surgery. The applicant was using Lyrica and OxyContin. Physical therapy was apparently performed.In a progress note dated November 12, 2014, the applicant reported persistent complaints of low back pain, highly variable, 5-9/10. The applicant was unable to tolerate work activities, it was acknowledged. The applicant had worsened since the last visit. The applicant was using both OxyContin and oxycodone for pain relief. The applicant had undergone spine surgery in 2010 and subsequently in June 2014, it was suggested. OxyContin, oxycodone, and Lyrica were prescribed. Electrodiagnostic testing was sought. ESR and CRP testing were sought as markers of inflammation following earlier spine surgery.On November 6, 2014, the applicant was asked to pursue physical therapy to include swimming and walking as much as possible. The applicant was placed off of work, on total temporary disability. The applicant's surgical wound was reportedly clean, his spine surgeon noted.On October 17, 2014, the attending provider stated that the applicant had developed postoperative infection at the surgical site. The applicant was using a cane to move about. The applicant was

having ongoing complaints of low back and leg pain, reportedly constant and severe, exacerbated by lifting, twisting, and walking. The applicant's BMI was 31. Laboratory testing to include an ESR and CRP were sought, along with a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy and Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 32.

Decision rationale: As noted on page 32 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a functional restoration program includes evidence that an applicant is not a candidate for surgery or other treatments which would be warranted to improve pain and/or function. In this case, however, the requesting provider has suggested that he suspects a possible infection at the surgical site. The requesting provider has not, thus, clearly excluded the applicant's undergoing further spine surgery. It is further noted that the requesting provider has also concurrently sought conventional physical therapy. The applicant went on to receive a session of conventional physical therapy on a physical therapy progress note of November 14, 2014, referenced above. Thus, there are, quite clearly, other treatments which the applicant can receive and/or pursue which are likely to generate functional improvement, including further physical therapy. The applicant may, furthermore, be a candidate for further lumbar spine surgery, the requesting provider has suggested. Pursuit of a functional restoration program is not, thus, indicated in the clinical context present here. Therefore, the request is not medically necessary.

Lab Study: CRP: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date 2014, Acute Phase Reactants

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-1, page 311.

Decision rationale: The requesting provider stated that he intended the CRP to serve as a marker of inflammation and/or infection. The applicant apparently had a history of wound infection following previous unsuccessful lumbar spine surgery in June 2014. The requesting provider stated that he was at a loss to explain the applicant's residual symptomatology/residual complaints. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Algorithm 12-1, page 311, CBC, ESR, UA testing, and, by implication, the C-reactive protein (CRP) at issue, another inflammatory marker/infection marker are endorsed in applicants in whom there are red flags for cancer and/or infection present. Here, the attending provider has suggested that he does

suspect a residual low-grade infection present following earlier failed lumbar spine surgery. The applicant apparently has a history of previous such injection. Obtaining the CRP testing at issue can help to delineate the presence or absence of residual inflammation and/or infection, as suggested by the requesting provider. Therefore, the request is medically necessary.

Lab Study: ESR: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to Date 2014, Acute Phase Reactants

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 12-1, page 311.

Decision rationale: The requesting provider noted in his progress note that he suspected some residual low-grade inflammatory and/or infectious process following earlier failed lumbar spine surgery. The applicant has apparently had a history of prior wound infection, it was further acknowledged. The MTUS Guideline in ACOEM Chapter 12, Algorithm 12-1, page 311, does acknowledge that CBC, ESR, and UA testing are endorsed in applicants in whom there are red flags for cancer and/or infection present or suspected. The request, thus, is in-line with ACOEM parameters. Accordingly, the request is medically necessary.