

Case Number:	CM14-0195364		
Date Assigned:	12/03/2014	Date of Injury:	11/06/2010
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	11/21/2014

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 Physical Medicine Rehab, has a subspecialty in Interventional Spine 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 patient is a 69 year old female with an injury date on 11/6/10. The patient complains of back pain, and right leg pain. The patient complains of generalized weakness and a non EMG verified radiculopathy complaining of a variety of issues including pain, weakness, loss of balance, sleep disruption and depression per 11/5/14 report. The patient is "severely deconditioned" with 4 years of inactivity, and will have daily active and physical therapy at the functional restoration program, and would benefit from pool therapy per 11/5/14 report. Based on the 11/5/14 progress report provided by the treating physician, the diagnosis is: lumbar radiculopathy. A physical exam on 11/5/14 showed "patient is ambulating with a walker. She moderately obese." No range of motion testing of the L-spine was founded in reports. The patient's treatment history includes medications (OTC: Excedrin), left hip replacement in 2007, restrictions. The treating physician is requesting heated pool, and labs. The utilization review determination being challenged is dated 11/13/14 and denies pool due to lack of evidence the patient has fibromyalgia, and authorizes the request for labs. The requesting physician provided treatment reports from 5/1/14 to 11/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Heated pool: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Exercises

Decision rationale: This patient presents with back pain, and right leg pain. The provider has asked for heated pool on 11/5/14 "to aid in recovery, as there is no possibility of any aerobic conditioning absent access to a pool currently." The patient does not need pool therapy, but only 3 months of access to a heated pool for exercise due to weakness (using a walker a significant portion of the time) per 11/5/14 report. ACOEM page 309 recommends "low-stress aerobic" exercises. Official Disability Guidelines under exercises for pain states, "Physical therapy in warm-water has been effective and highly recommended in persons with fibromyalgia. In this RCT, an aquatic exercise program including one-hour, supervised, water-based exercise sessions, three times per week for 8 months, was found to be cost-effective in terms of both health care costs and societal costs." In this case, the patient has difficulty walking and is doing an independent exercise program at a pool. The requested 3 months of access to a heated pool appears reasonable. The request is medically necessary.

Labs: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Healthline: Liver Function Tests

Decision rationale: This patient presents with back pain, and right leg pain. The provider has asked for LABS on 11/5/14, further specifying "hepatic functional panel." The patient reports a history of hepatitis per 9/4/14 report. Review of the reports do not show any evidence of a hepatic function panel being done in the past. Regarding Liver Function Tests, MTUS, ACOEM, and Official Disability Guidelines are silent. Aetna Healthline states liver function tests measure certain chemicals produced by liver to determine whether your liver is damaged or inflamed. Tests may measure: Bilirubin, Albumin, Prothrombin time and INR (a measure of blood clotting). The liver may be damaged if patient has increased levels of: Alanine aminotransferase (ALT or SGPT) or aspartate aminotransferase (AST or SGOT) or an increased level of alkaline phosphatase (AP) which may indicate blockage of bile ducts. These tests can also help diagnose long-term (chronic) infection. Hepatitis C infection is considered chronic when liver enzymes remain elevated for longer than 6 months. If patient is being treated with antiviral therapy, the provider may have liver tests from time to time to see whether treatment is working. In this case, the patient has a history of hepatitis, and the provider is beginning to prescribe Tylenol. The requested one hepatic function panel appears reasonable to evaluate liver function. The only other medication the patient is taking is Excedrin Migraine. The request is medically necessary.

