

Case Number:	CM14-0208349		
Date Assigned:	12/22/2014	Date of Injury:	03/10/2009
Decision Date:	02/25/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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 & Rehabn

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 39-year-old male with date of injury of 03/10/2009. According to progress report dated 10/07/2014, the patient presents with back pain that radiates to his left leg. The patient underwent lumbar surgery in 2009 which did not provide much relief. The patient rates his low back pain as 5/10 on a pain scale. The patient also reports numbness down the left leg and foot. Examination revealed decreased range of motion on all planes. There is severe lumbar spasm. The patient requires the use of a cane for mobility due to pain and lower extremity instability. The listed diagnoses are: 1. Rupture or herniation of lumbar disk. 2. Postsurgical syndrome, lumbar. 3. Low back pain. 4. Radiculitis, lumbar. 5. Muscle spasm. 6. Status post lumbar surgery with fusion and instrumentation. 7. Pain in joint. 8. Sprain/strain of knee/leg, bilateral. The patient is TTD 30 days. Treatment plan is for physiotherapy 3 times 4, aqua therapy 3 times 4, pain management, spine neurosurgical consultation, and updated x-ray and CT of the lumbar spine. The Utilization Review denied the request on 11/13/2014. Treatment reports from 08/18/2014 through 11/04/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy with core stabilization 3x4 lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: This patient presents with chronic low back pain. The current request is for physiotherapy with core stabilization 3 times 4, lumbar. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms, 9 to 10 sessions over 8 weeks. The medical file provided for review includes no physical therapy treatment reports. AME report dated 08/18/2014 notes that the patient "commenced in a course of physical therapy which he attended at a frequency of 3 times a week for a period of 4 weeks. He then transitioned to pool therapy which he attended at a frequency of 3 times a week for several weeks. The patient felt therapy ineffective in alleviating his low back complaints, and in fact states that his low back symptoms deteriorated." In this case as documented in the AME report, the patient has already participated in 12 physical therapy sessions which have been "ineffective in alleviating his low back complaint." In this case, the treating physician has provided no discussion as to why the patient is unable to participate in a self-directed home exercise program. In addition, the requested additional 12 sessions exceeds what is recommended by MTUS. The requested physiotherapy is not medically necessary.

Aquatic therapy 3x4 lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy; Physical medicine Page(s): 22, 98 and 99.

Decision rationale: This patient presents with chronic low back pain. The current request is for aquatic therapy 3 times 4, lumbar. The MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines states regarding aqua therapy, "recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. Aqua therapy (including swimming) can minimize the effects of gravity, so it is especially recommended where reduced weight-bearing is desirable, for example extreme obesity. For recommendation on number of visits, see physical medicine." The MTUS pages 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treating physician has not discussed the need for weight-bearing exercises or extreme obesity to qualify the patient for water therapy. In addition, according to AME report dated 08/18/2014, the patient has already participated in pool therapy which "he attended at a frequency of 3 times a week for several weeks." It was noted that patient "found therapy ineffective in alleviating his low back complaints." In this case, there is inadequate explanation as to why aqua therapy is necessary opposed to a home-based exercise program. The requested aquatic therapy is not medically necessary.

Pain management for proper medication management: Upheld

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

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 7, page 127, Pain management.

Decision rationale: This patient presents with chronic low back pain. The current request is for pain management for proper medication management. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As documented in the progress report dated 07/07/2014, the patient is currently utilizing Norco for pain. In this case, given the patient's chronic pain and opioid intake, a consultation with a pain management specialist maybe indicated. However, this is a request for pain management without duration of sessions or any discussion that the request is specific to a consultation only. A request for open-ended pain management cannot be supported. This request is not medically necessary.

Spine neurosurgical consultation: Overturned

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

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 7, page 127, spine consultation.

Decision rationale: This patient presents with chronic low back pain. The current request is for spine neurosurgical consultation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. This patient has a history of low back surgery, and continued low back pain with radicular symptoms. The treating physician would like a spine neurosurgical consultation for possible "third revision." In this case, consultation with a specialist for further evaluation is medically necessary.

Updated x-ray and CT lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: This patient presents with chronic low back pain. The current request is for updated x-ray and CT, lumbar. 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." AME report dated 08/18/2014 indicates that the patient had an x-ray of his lower back "which were found to be negative." It is noted the patient also had an MRI of the lumbar spine on 05/08/2009 which revealed 7-mm herniation at L5-S1 level. The patient subsequently underwent orthopedic surgical intervention in 06/17/2009. Following surgery, an updated MRI of the lumbar spine was obtained on 10/13/2009 as well as an x-ray of the lumbar spine with [REDACTED]. These imaging reports were not provided for review. The patient underwent another updated MRI with [REDACTED] on 07/21/2010 and a CT scan of the lumbar spine on 07/17/2011 with [REDACTED]. In this case, the patient has had multiple x-rays, CTs, and MRIs of the lumbar spine. The patient does not present with a new serious spinal injury, neurological deficit from trauma, there are no red flags documented or suspected fracture to warrant additional imaging. The requested CT and x-ray of lumbar spine are not medically necessary.