

Case Number:	CM15-0102369		
Date Assigned:	06/04/2015	Date of Injury:	12/27/2007
Decision Date:	07/09/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/27/2015

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 34 year old female, who sustained an industrial injury on December 27, 2007, incurring back injuries working lifting a mattress as a housekeeper. Treatment included pain medications, steroids, physical therapy, acupuncture, chiropractic sessions, and pool therapy and work restrictions. She was diagnosed with lumbar disc disease. She underwent lumbar laminotomy in April, 2011. On July 3, 2012, the injured worker underwent a lumbosacral laminotomy with micro discectomy. Currently, the injured worker complained of ongoing pain and restricted range of motion in the lower back and legs with radiating pain into the thighs, calves and into the feet. The treatment plan that was requested for authorization included a fitness membership to include pool and arthritic classes for one year, one urine drug screen, physical therapy sessions and aqua therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fitness Membership to include pool and arthritic classes for 1 year: 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- Lumbar & Thoracic (Acute & Chronic): Gym Memberships (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 5-6/10. The request is for Fitness Membership to include Pool and Arthritic Classes for 1 year. The request for authorization is dated 04/14/15. Patient is status-post microlumbar decompressive surgery, 04/21/11 and 07/03/12. Status-post irrigation and debridement, 10/09/12 and 11/20/12. MRI of the lumbar spine, 03/18/14, shows stable postsurgical change with laminotomy change noted on the left L3-4 and L4-5. Physical examination reveals tenderness to palpation over the paraspinals and lumbar spine midline. Range of motion is limited due to pain. Straight leg raise is positive bilaterally. She has just completed 12 sessions of physical therapy with pool therapy. She states that she has had great relief from the pool therapy with increasing her mobility and decreases her pain in her low back and bilateral legs. She has completed 24 sessions of physical therapy with moderate relief. Patient's medications include Gabapentin, Norco, Norflex, Ketoprofen, Nortriptyline and Prilosec. Per progress report dated 05/12/15, the patient is permanent and stationary. ODG-TWC, Low Back & Lumbar & Thoracic (Acute & Chronic) Chapter, under Gym Membership states, "Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision." Treater does not discuss the request. In this case, there are no details or discussion about the need for the use of specialized equipment such as a pool and arthritic classes, and the medical necessity for a pool and arthritic classes are not established. There are no indications as to why the patient cannot participate in traditional weight-bearing exercises and how a pool and arthritic classes will benefit him. Furthermore, there are no plans for medical supervision at the gym. MTUS does not support gym memberships unless there is a need for a special equipment to perform necessary exercises and adequate supervision/monitoring is provided. Therefore, the request is not medically necessary.

Urine Drug Screen Qty 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, (Chronic), criteria for use of drug testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 5-6/10. The request is for Urine Drug Screen Qty 1. The request for authorization is dated 04/14/15. Patient is status-post microlumbar decompressive surgery, 04/21/11 and 07/03/12. Status-post irrigation and debridement, 10/09/12 and 11/20/12. MRI of the lumbar spine,

03/18/14, shows stable postsurgical change with laminotomy change noted on the left L3-4 and L4-5. Physical examination reveals tenderness to palpation over the paraspinals and lumbar spine midline. Range of motion is limited due to pain. Straight leg raise is positive bilaterally. She has just completed 12 sessions of physical therapy with pool therapy. She states that she has had great relief from the pool therapy with increasing her mobility and decreases her pain in her low back and bilateral legs. She has completed 24 sessions of physical therapy with moderate relief. Patient's medications include Gabapentin, Norco, Norflex, Ketoprofen, Nortriptyline and Prilosec. Per progress report dated 05/12/15, the patient is permanent and stationary. While MTUS Guidelines do not specifically address how frequent UDS should be considered for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug screen following initial screening, with the first 6 months for management of chronic opiate use in low-risk patients. Treater does not discuss the request. In this case, the patient is prescribed Norco, which is an opiate. ODG recommends once yearly urine drug screen for management of chronic opiate use in low-risk patients. Therefore, the request is medically necessary.

Physical Therapy Sessions Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94, Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 5-6/10. The request is for Physical Therapy Sessions Qty: 12. The request for authorization is dated 04/14/15. Patient is status-post microlumbar decompressive surgery, 04/21/11 and 07/03/12. Status-post irrigation and debridement, 10/09/12 and 11/20/12. MRI of the lumbar spine, 03/18/14, shows stable postsurgical change with laminotomy change noted on the left L3-4 and L4-5. Physical examination reveals tenderness to palpation over the paraspinals and lumbar spine midline. Range of motion is limited due to pain. Straight leg raise is positive bilaterally. She has just completed 12 sessions of physical therapy with pool therapy. She states that she has had great relief from the pool therapy with increasing her mobility and decreases her pain in her low back and bilateral legs. She has completed 24 sessions of physical therapy with moderate relief. Patient's medications include Gabapentin, Norco, Norflex, Ketoprofen, Nortriptyline and Prilosec. Per progress report dated 05/12/15, the patient is permanent and stationary. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Furthermore, review of treatment history shows the patient has previously attended 24 sessions of physical therapy. The request for 12 additional sessions of

physical therapy would exceed what is recommended by MTUS for non-post-op conditions. Therefore, the request is not medically necessary.

Aqua Therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical Medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with low back pain radiating to lower extremities rated 5-6/10. The request is for Aqua Therapy Qty: 12. The request for authorization is dated 04/14/15. Patient is status-post microlumbar decompressive surgery, 04/21/11 and 07/03/12. Status-post irrigation and debridement, 10/09/12 and 11/20/12. MRI of the lumbar spine, 03/18/14, shows stable postsurgical change with laminotomy change noted on the left L3-4 and L4-5. Physical examination reveals tenderness to palpation over the paraspinals and lumbar spine midline. Range of motion is limited due to pain. Straight leg raise is positive bilaterally. She has just completed 12 sessions of physical therapy with pool therapy. She states that she has had great relief from the pool therapy with increasing her mobility and decreases her pain in her low back and bilateral legs. She has completed 24 sessions of physical therapy with moderate relief. Patient's medications include Gabapentin, Norco, Norflex, Ketoprofen, Nortriptyline and Prilosec. Per progress report dated 05/12/15, the patient is permanent and stationary. MTUS Guidelines, page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. 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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)" MTUS Guidelines, pages 98-99, Chronic Pain Medical Treatment Guidelines: Physical Medicine "Physical Medicine Guidelines: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks". Per progress report dated, 04/14/15, treater's reason for the request is "she has had great relief from the pool therapy with increasing her mobility and decreases her pain in her low back and bilateral legs." Given the patient's condition, a short course of Aqua Therapy would be indicated. However, there is no indication the patient to be extremely obese, or discussion as to why the patient cannot participate in traditional weight-bearing exercises. Furthermore, review of treatment history shows the patient has recently attended 12 sessions of Aqua Therapy. The request for 12 additional sessions of Aqua Therapy would exceed what is allowed by MTUS for non-post-op conditions. Therefore, the request is not medically necessary.