

Case Number:	CM15-0016196		
Date Assigned:	02/04/2015	Date of Injury:	08/21/2008
Decision Date:	04/13/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 56-year-old male reported a work-related injury on 08/21/2008. According to the progress report dated 8/22/14, the injured worker (IW) reports low back pain with numbness/pins and needles sensation to the right lower extremity and toe. He also has pain in the neck, right shoulder, elbow, forearm and hand. The IW was diagnosed with status post L4-5 and L5-S1 complete decompression with complete discectomy, status post lumbosacral hardware removal, status post right shoulder surgery and right ulnar transposition, bilateral wrist/hand overuse tendinitis and right carpal tunnel syndrome. Previous treatments include medications, physical therapy, massage therapy and surgery. The treating provider requests eight (8) additional aqua therapy visits for the lumbar spine acupuncture eight (8) visits for the lumbar spine and orthopedic re-evaluation within 6 weeks. The Utilization Review (UR) on 01/12/2015 non-certified the request for eight (8) additional aqua therapy visits for the lumbar spine; the request for acupuncture eight (8) visits for the lumbar spine was modified to allow six (6) sessions. The UR on 1/12/15 certified the request for orthopedic re-evaluation within 6 weeks. References cited were CA MTUS and Official Disability Guidelines (ODG) Low Back, Office Visits recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of Aqua therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy, Physical Medicine Page(s): 22, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. For pool access, the MTUS aquatic therapy and physical medicine sections were consulted. The official disability guidelines state gym memberships are 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. The official disability guidelines go on to state Furthermore, treatment needs to be monitored and administered by medical professionals. The treating physician did not provide documentation of a home exercise program with supervision or a current height and weight. The California MTUS guidelines recommend aquatic therapy in cases of extreme obesity with active self-directed home Physical Medicine. The request for 8 sessions of Aqua therapy for the lumbar spine is not medically necessary as the injured worker does not meet criteria in the MTUS and the Official Disability Guidelines (ODG).

8 sessions of acupuncture for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines clearly state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. ODG does not recommend acupuncture for acute low back pain, but may want to consider a trial of acupuncture for acute LBP if it would facilitate participation in active rehab efforts. The initial trial should 3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) There is no evidence provided that indicates the patient received acupuncture before or that the acupuncture sessions are being used as an adjunct to physical rehabilitation or surgical intervention. Additionally, the request for 12 initial sessions is in excess of the recommended trial by ODG. As such, the request for 8 sessions of acupuncture for the lumbar spine is not medically necessary.

Orthopedic re-evaluation with-in 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back, Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit.

Decision rationale: ODG states concerning office visits recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. ACOEM additionally states concerning low back complaints: Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. Medical records do not indicate any red flags for immediate referral. The subjective and objective complaints have also changed minimally over the last year and the treating physician does not detail well why the consultation request. As such, the request Orthopedic re-evaluation with-in 6 weeks is not medically necessary at this time.