

Case Number:	CM15-0143795		
Date Assigned:	08/04/2015	Date of Injury:	07/24/2003
Decision Date:	09/22/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/24/2015

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 68-year-old male, who sustained an industrial injury on 7-24-03. The diagnoses have included lumbar discopathy with radiculitis, status post left ankle arthroscopic surgery, left cubital tunnel syndrome, and status post right carpal tunnel release and status post multiple surgeries to the left wrist. Treatment to date has included medications, activity modifications, surgery, physical therapy, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 6-3-15, the injured worker complains of increased low back pain with radicular symptoms. The pain radiates to the bilateral lower extremities. The pain is rated 8 out of 10 on the pain scale and worsening. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and electromyography (EMG) and nerve conduction velocity studies (NCV) of the bilateral lower extremities. The physical exam of the lumbar spine reveals tenderness with spasm on palpation, positive seated nerve root test, pain with terminal range of motion, and there is numbness and tingling in the bilateral lower extremities. The physician requested treatments included Chiropractic lumbar spine two times a week for six weeks, Pain management lumbar epidural steroid injection (LESI), Podiatrist orthotics and shoes, Lumbar brace purchase, and One year gym membership.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic lumbar spine two times a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, rated 8/10. The request is for chiropractic lumbar spine two times a week for six weeks. Patient is status post left ankle surgery, date unspecified. Physical examination to the lumbar spine on 06/03/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per Request For Authorization form dated 07/01/15, patient's diagnosis include lumbago, carpal tunnel syndrome, cubital tunnel syndrome, and ankle pain. Patient is retired. MTUS Guidelines, pages 58-59, chronic pain medical treatment guidelines: Manual therapy & manipulation recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not discussed this request. Review of the medical records do not indicate prior chiropractic treatment. The patient suffers from pain in the lower back radiating bilateral lower extremities. Given the patient's condition, a short course of chiropractic treatment would be appropriate. However, MTUS allows a trial of 6 visits over 2 weeks and the requested 12 sessions exceeds what is allowed by MTUS. Therefore, the request is not medically necessary.

Pain management lumbar epidural steroid injection (LESI): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESI Page(s): 46-47.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, rated 8/10. The request is for pain management lumbar epidural steroid injection (LESI). Patient is status post left ankle surgery, date unspecified. Physical examination to the lumbar spine on 06/03/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per Request for Authorization form dated 07/01/15, patient's diagnosis include lumbago, carpal tunnel syndrome, cubital tunnel syndrome, and ankle pain. Patient is retired. The MTUS Guidelines has the following regarding ESI under chronic pain section page 46 and 47, "Recommended as an option for treatment of radicular pain." MTUS has the following criteria regarding ESI's, under its chronic pain section: Page 46, 47 "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." For repeat ESI, MTUS states, "In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year." ODG guidelines, chapter 'Low Back -Lumbar & Thoracic (Acute & Chronic)' and topic

'Epidural steroid injections (ESIs), therapeutic', state that "At the time of initial use of an ESI (formally referred to as the diagnostic phase as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections." In this case, the patient continues to suffer with low back pain that radiates into the bilateral lower extremities and is diagnosed lumbago. There are no records of prior lumbar ESI injections. EMG/NCV findings on 05/13/14 showed evidence of moderate acute L-5 radiculopathy on the right and left superimposed upon a peripheral neuropathy. MTUS guidelines support ESIs in patients when radiculopathy is documented by physical examination and corroborating imaging or electrodiagnostic studies. In this case, the patient does present with radicular symptoms documented by EMG/NCV studies. The request appears to be reasonable and therefore, it is medically necessary.

Podiatrist orthotics and shoes: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 370. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and Foot Chapter under Orthotics.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, rated 8/10. The request is for podiatrist orthotics and shoes. Patient is status post left ankle surgery, date unspecified. Physical examination to the lumbar spine on 06/03/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per Request for Authorization form dated 07/01/15, patient's diagnosis include lumbago, carpal tunnel syndrome, cubital tunnel syndrome, and ankle pain. Patient is retired. ACOEM and MTUS do not specifically discuss shoes. MTUS/ACOEM chapter 14, Ankle and Foot Complaints, page 370, Table 14-3 Methods of Symptom Control for Ankle and Foot Complaints states rigid orthotics are an option for metatarsalgia, and plantar fasciitis. ODG-TWC, Ankle and Foot Chapter under Orthotics states: "both prefabricated and custom orthotic devices are recommended for plantar heel pain (plantar fasciitis, plantar fasciosis, heel spur syndrome). Orthosis should be cautiously prescribed in treating plantar heel pain for those patients who stand for long periods; stretching exercises and heel pads are associated with better outcomes than custom made orthoses and people who stand for more than 8 hours per day." Treater has not discussed this request and no RFA was provided either. ODG supports orthoses for plantar fasciitis and foot pain from rheumatoid arthritis. Patient's diagnosis includes lumbago, carpal tunnel syndrome, cubital tunnel syndrome, and ankle pain and does not present with any of the conditions indicated by the guidelines. This request does not meet the guideline criteria for orthotics and therefore, it is not medically necessary.

Lumbar brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, Lumbar supports.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter on lumbar supports.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, rated 8/10. The request is for lumbar brace purchase. Patient is status post left ankle surgery, date unspecified. Physical examination to the lumbar spine on 06/03/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per Request for Authorization form dated 07/01/15, patient's diagnosis include lumbago, carpal tunnel syndrome, cubital tunnel syndrome, and ankle pain. Patient is retired. The ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ODG Guidelines under the Low Back chapter on lumbar supports states, "Not recommended for prevention; however, recommended as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain, very low quality evidence, but may be a conservative option." Treater has not discussed this request and no RFA was provided either. ACOEM guidelines do not recommend the use of lumbar supports beyond the acute phase and ODG guidelines only recommend them as an option for compression fracture and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific low back pain. Given the lack of such diagnoses, the request is not medically necessary.

One year gym membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation ODG, Low Back Chapter, Gym memberships.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back (Lumbar & Thoracic) Chapter, under Gym memberships.

Decision rationale: The patient presents with low back pain radiating to the bilateral lower extremities, rated 8/10. The request is for one year gym membership. Patient is status post left ankle surgery, date unspecified. Physical examination to the lumbar spine on 06/03/15 revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per Request For Authorization form dated 07/01/15, patient's diagnosis include lumbago, carpal tunnel syndrome, cubital tunnel syndrome, and ankle pain. Patient is retired. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, Low Back (Lumbar & Thoracic) Chapter, under Gym memberships states: "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." ODG further states treatment must be monitored by medical professionals. Treater has not discussed this request and no RFA was provided either. ODG Guidelines only allow gym memberships in cases where documented home exercise program with periodic assessment and revision have not been effective and there is a need for equipment. In addition, treatment needs to be monitored and administered by medical professionals. Furthermore, ODG generally does not support pool/gym memberships as medical treatment. In this case, there is no documentation of specific objective and subjective outcomes with regards to gym membership, mention of need for special equipment, nor discussion why the patient is unable to do the necessary exercises at home. Therefore, the request is not medically necessary.