MAXIMUS Federal Services

Case Number:	CM15-0192852		
Date Assigned:	10/06/2015	Date of Injury:	07/05/2012
Decision Date:	11/19/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 5, 2012. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve requests for aquatic therapy, a neurologist consultation, and MRI imaging of the lumbar spine. The claims administrator referenced a progress note dated August 6, 2015 and an RFA form received on August 25, 2015 in its determination. The applicant's attorney subsequently appealed. On May 21, 2015, the applicant reported ongoing complaints of low back pain with associated radicular pain complaints. 5-/5 left lower extremity versus 5/5 right lower extremity strength was evident. The applicant exhibited a mildly antalgic gait but was able to stand on his toes and heels nevertheless. The applicant was on Nucynta, Lyrica, Cymbalta, and Voltaren gel. The applicant was off of work, the treating provider acknowledged. Aquatic therapy was sought, along with lumbar MRI imaging. Nucynta, Voltaren gel, Cymbalta, and Lyrica were likewise renewed. The requesting provider was a physiatrist, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 2 times a week for 3 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: No, the request for six sessions of aquatic therapy for lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it was not clearly established that reduced weight bearing was, in fact, desirable. The applicant was described as exhibiting only mildly antalgic gait on May 21, 2015. The applicant was able to stand on his toes and heels, it was reported on that date, albeit while balancing himself against a nearby table. It did not appear, thus, the applicant had a condition or conditions for which reduced weight bearing was in fact desirable. Therefore, the request was not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (Low back chapter-MRI).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: Finally, the request for MRI imaging of the lumbar spine was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, there was no mention of the applicant's willingness to consider or contemplate of any kind of surgical intervention involving the lumbar spine based on the outcome of the study in question. The May 21, 2015 office visit made no mention of how (or if) the proposed lumbar MRI would influence or alter the treatment plan. The requesting provider was a physiatrist (as opposed to a spine surgeon or neurosurgeon) further reduced the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The requesting provider seemingly stated that she was ordering the study based on the recommendations of a Qualified Medical Evaluator (QME). There was, thus, neither an explicit statement (nor an implicit expectation) the applicant would act on the results of the study in question and consider surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.

Neurologist consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6-Independent medical

examinations and consultations, page 127; 156 and on the Official Disability Guidelines, (Pain chapter-Office visits).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

Decision rationale: Conversely, the request for a neurologist consultation was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent pain complaints, which prove recalcitrant to conservative management, should lead the practitioner to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the applicant was off of work, it was acknowledged on May 21, 2015. Ongoing pain complaints were evident on that date. The applicant's pain complaints have seemingly proven recalcitrant to a variety of opioid and non-opioid agents, including Nucynta, Lyrica, Cymbalta, and Voltaren gel, it was reported on that date. Obtaining the added expertise of a practitioner in another specialty, namely a neurologist, was indicated, on several levels, including, potentially, formulating other appropriate treatment options. Therefore, the request was medically necessary.