MAXIMUS Federal Services

Case Number:	CM15-0193342		
Date Assigned:	10/07/2015	Date of Injury:	02/11/2000
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 78 year old female, who sustained an industrial injury on 2-11-2000. The injured worker was being treated for chronic lumbar spine sprain and strain with multilevel disc protrusion, grade 1 retrolisthesis of L5 (lumbar 5) on L4 (lumbar 4) and severe spinal stenosis at L1-4 (lumbar 1-4); bilateral hip status post total hip arthroplasty, and severe heartburn consistent with gastroesophageal reflux disease of multiple etiologies including side effects of non-steroidal anti-inflammatory drugs (NSAIDS), obesity, and prior Whipple surgery. Medical records (6-16-2015 to 7-28-2015) indicate ongoing lumbar spine pain that increased with activities. She reported difficulty with climbing 1 flight of stairs, ability to sit for 30-60 minutes, and walk for less than 15 minutes. The treating physician noted that 2 prior epidural steroid injections did not help. The medical records show the subjective pain rating shows improvement from 8 of 10 on average and 9 out of 10 at worst on 6-16-2015 to 5 out of 10 on 7-28-2015. The physical exam (6-16-2015) did not contain documentation of bilateral hip assessments. The physical exam (7-28-2015) reveals bilateral hip tenderness and 5- out of 5 motor testing of the bilateral hip flexers, knee flexers, knee extenders, dorsi flexion, great toe extension, and plantar flexion. There was an antalgic gait. The physical exam (6-16-2015 to 7-28-2015) did not contain documentation of a lumbar spine assessment. Per the treating physician (6-16-2015 report), an MRI of the lumbar spine from 2-10-2015 revealed severe diffuse degenerative disc disease. There was grade 1 retrolisthesis of L5 on L4. At T11-12 (thoracic 11-12), T12-L1 (thoracic 12-lumbar 1), L1-2 (lumbar 1-2), L2-3 (lumbar 2-3), and L3-4 (lumbar 3-4), there were large disc protrusions with severe spinal stenosis at L1-2, L2-3, and L3-4. There was diffuse neural

foraminal stenosis. The medical records referred to the injured worker having undergone prior therapy, but did not include, the type, dates, or results from the treatment. Treatment has included a home exercise program, a cane, lumbar epidural steroid injections, an electric scooter for long walks, a walker, acupuncture, and medications including short-acting and long-acting pain, anti-epilepsy, and non-steroidal anti-inflammatory (Celebrex). Per the treating physician (7-28-2015 report), the injured worker was to remain temporarily totally disabled. The requested treatments included 6 sessions of aqua therapy and 6 sessions of gait training for the bilateral hips and lumbar spine, and Meloxicam 15mg #30 with 2 refills. On 9-18-2015, the original utilization review non-certified requests for 6 sessions of aqua therapy and 6 sessions of gait training for the bilateral hips and lumbar spine, and Meloxicam 15mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 2 times weekly for 3 weeks, bilateral hips and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, and Aquatic therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, aquatic therapy two times per week times three weeks to the bilateral hips and lumbar spine is not medically necessary. Aquatic therapy is recommended as an optional form of exercise therapy, 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. Unsupervised pool use is not aquatic therapy. In this case, the injured worker's working diagnoses are status post C/S ACDF; left carpal tunnel syndrome; chronic L/S sprain strain with multilevel disc protrusion; right hip status post THA; and left hip pain status post left THA. Date of injury is February 11, 2000. Request for authorization is August 3, 2015. According to a July 28, 2015 progress note, subjective complaints include cervical spine pain 5/10, lumbar spine pain, and wrist pain 7/10. The documentation indicates surgery is not recommended. The treating providers recommended gait training. According to a March 2015 and June 16, 2015 progress note, the injured worker is able to climb stairs and walk one quarter of a mile. The injured worker received prior physical therapy. The total number of prior physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement with prior physical therapy. Objectively, there is no examination in the progress note. The treatment plan contains a request for physical therapy, not aquatic therapy. The request for authorization contains a request for physical therapy, not aquatic therapy. The treatment plan also contains a request for gait training. Gait training falls under the physical medicine category and is included within the physical therapy guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no request or clinical indication or rationale for aquatic therapy, and documentation indicating a request for physical therapy (land-based), aquatic

therapy two times per week times three weeks to the bilateral hips and lumbar spine is not medically necessary.

Gait training 2 times weekly for 3 weeks, bilateral hips and lumbar spine: 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), Hip & Pelvis, Gait training, Knee & Leg, Gait training.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, Gait training.

Decision rationale: Pursuant to the Official Disability Guidelines, gait training two times per week times three weeks the bilateral hips and lumbar spine is not medically necessary. Gait training, muscle strengthening and other exercise training are considered active procedures and are recommended. The guidelines recommend referencing physical therapy for specific guidance. In this case, the injured worker's working diagnoses are status post C/S ACDF; left carpal tunnel syndrome; chronic L/S sprain strain with multilevel disc protrusion; right hip status post THA; and left hip pain status post left THA. Date of injury is February 11, 2000. Request for authorization is August 3, 2015. According to a July 28, 2015 progress note, subjective complaints include cervical spine pain 5/10, lumbar spine pain, and wrist pain 7/10. The documentation indicates surgery is not recommended. The treating providers recommended gait training. According to a March 2015 and June 16, 2015 progress note, the injured worker is able to climb stairs and walk one quarter of a mile. The injured worker received prior physical therapy. The total number of prior physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement with prior physical therapy. Objectively, there is no examination in the progress note. The treatment plan contains a request for physical therapy, not aquatic therapy. The request for authorization contains a request for physical therapy, not aquatic therapy. The treatment plan also contains a request for gait training. Gait training falls under the physical medicine category and is included within the physical therapy guidelines. Based on clinical information in the medical record, peer-reviewed evidence- based guidelines and guideline recommendations that include gait training under physical therapy, gait training two times per week times three weeks the bilateral hips and lumbar spine is not medically necessary.

Meloxicam 15mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Meloxicam 15 mg #30 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are status post C/S ACDF; left carpal tunnel syndrome; chronic L/S sprain strain with multilevel disc protrusion; right hip status post THA; and left hip pain status post left THA. Date of injury is February 11, 2000. Request for authorization is August 3, 2015. According to a July 28, 2015 progress note, subjective complaints include cervical spine pain 5/10, lumbar spine pain, and wrist pain 7/10. The documentation indicates surgery is not recommended. The treating providers recommended gait training. According to a March 2015 and June 16, 2015 progress note, the injured worker is able to climb stairs and walk one quarter of a mile. The injured worker received prior physical therapy. The total number of prior physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement with prior physical therapy. Objectively, there is no examination in the progress note. The treatment plan contains a request for physical therapy, not aquatic therapy. The request for authorization contains a request for physical therapy, not aquatic therapy. The treatment plan also contains a request for gait training. Gait training falls under the physical medicine category and is included within the physical therapy guidelines. Prior documentation indicates Celebrex was prescribed. There are no medications documented in the July 28, 2015 progress note. Additionally, there is no clinical indication for two refills. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical documentation with the clinical discussion, indication or rationale for meloxicam, Meloxicam 15 mg #30 with two refills is not medically necessary.