

Case Number:	CM15-0020941		
Date Assigned:	02/10/2015	Date of Injury:	05/24/1992
Decision Date:	04/03/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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 61-year-old male, who sustained an industrial injury on 5/24/1992. The diagnoses have included cervical radiculopathy, cervical spine pain status post anterior cervical discectomy and fusion C3-4, C4-5 and C5-6, status post cervical surgery with subsequent cerebral shunt placement and chronic low back pain with radiculopathy. Treatment to date has included pain medications. According to the progress report dated 12/10/2014, the injured worker complained of neck pain with radiation to the bilateral upper extremities, left greater than right. He also complained of numbness and burning in the bilateral arms and hands. The injured worker complained of low back pain with radiation down both legs, worse on the right leg to the groin and anterior thigh. He had persistent right elbow pain. The injured worker reported that Percocet was more effective than Norco. He was also taking Zanaflex for spasms. Physical exam revealed an unsteady gait requiring a front wheeled walker. There was tenderness to palpation of the lumbar paraspinal muscles. It was noted that a recent urine drug screen was consistent with medication use. Authorization was requested for water therapy for eight additional sessions and referral to a podiatrist for orthotics for better spine alignment and to help relieve low back pain and neck pain. On 1/19/2015, Utilization Review (UR) non-certified a request for eight Aquatic Therapy Sessions to the Cervical Spine. UR non-certified a request for a Referral to a Podiatrist for Low Back Pain. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 aquatic therapy sessions to the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Cervical and Thoracic Spine: Table 2, Summary of Recommendation, Cervical and Thoracic Spine Disorders.

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 neck and low back pain that radiates into the upper and lower extremities. Examination findings revealed unsteady gait and difficulty getting up from deep seated position, limited ROM and diminished sensation in the lower extremities. The current request is for 8 AQUATIC THERAPY SESSIONS TO THE CERVIAL SPINE. Progress report dated 12/10/14, 10/15/14 and 8/20/14 all note that the "completed aqua therapy session which helped improve his mobility." The number of completed visits thus far is unclear. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aquatic therapy has the following, "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aqua 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 recommendation on number of supervised visits, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. In this case, the treating physician has documented some physical deficits, but does not discuss weight bearing restrictions or why the patient is unable to participate in land based therapy. This request IS NOT medically necessary.

Podiatrist, Low Back Pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM - <https://www.acoempracguides.org/> Chronic Pain: Table 2, Summary of Recommendation, Chronic Pain Disorders.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127, Official disability guidelines, ankle and foot chapter regarding orthotic devices.

Decision rationale: The patient presents with neck and low back pain that radiates into the upper and lower extremities. Examination findings revealed unsteady gait and difficulty getting up from deep seated position, limited ROM and diminished sensation in the lower extremities. The current request is for PODIATRIST, LOW BACK PAIN. The treating physician states that a referral to podiatrist is for orthotics for better spine alignment and to help relieve low back pain and neck pain. The American College of Occupational and Environmental Medicine, ACOEM, Second Edition 2004 Chapter 7, page 127 states that "the occupational health practitioner may

refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, and/or the examinee's fitness for return to work." ODG Guidelines under ankle and foot chapter regarding orthotic devices states that it is recommended for plantar fasciitis and forefoot pain in rheumatoid arthritis. ODG also 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 Orthosis in people who stand for more than eight hours per day." The patient does not have a diagnosis of plantar fasciitis, but lumbar and cervical conditions. In this case, the patient does not meet the required criteria by ODG for orthotic; therefore, the referral to a podiatrist for orthotics to address the neck and lumbar pain IS NOT medically necessary.