

Case Number:	CM15-0022025		
Date Assigned:	02/11/2015	Date of Injury:	04/14/2006
Decision Date:	04/07/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/05/2015

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: Orthopedic Surgery

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 44 year old male injured worker suffered and industrial injury on 4/14/2006. The diagnoses were lumbar disc disease, and radiculitis. The diagnostic studies were lumbar magnetic resonance imaging. The treatments were aquatic therapy, trigger point injections, lumbar fusion, ankle braces and ankle surgery. The treating provider reported complained of pain in the low back which improved with Lidocaine patches. The injured worker had an impaired gait with reduced range of motion to the lumbar spine. Also noted was swelling of bilateral ankles. There was tenderness about the right ankle and posterior tibial tendon. Exam note 12/18/14 demonstrates complaints of low back pain. Report states patient has an antalgic gait. Range of motion is from 20 degrees of flexion to 10 degrees of extension. Normal neurologic exam is noted. Foot sensation is noted to be normal. The Utilization Review Determination on 1/12/2015 non-certified: 1. Right Foot/Ankle Nerve Decompression, ODG 2. Aquatic Therapy 2-3 times 4-6 weeks to low back/bilateral ankles, MTUS 3. Pain Management Consult, MTUS, ACOEM 4. CT scan of lumbar spine, MTUS, ACOEM 5. Electromyography (EMG)/Nerve Conduction Study (NCS) bilateral lower extremities MTUS, ACOEM 6. Follow up (F/U) for ankles, MTUS, ACOEM 7. F/U for Blood Pressure, MTUS, ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2-3 times 4-6 to low back/bilateral ankles: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, recommended as an optional form of exercise therapy, where available, 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. In this case the exam notes from 12/18/14 do not demonstrate prior response to either land or water therapy. Therefore further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore the determination is for non-certification.

Pain Management Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 3, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records of 12/18/14 do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the determination is for non-certification.

Follow up (F/U) for ankles: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, 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. In this case the exam note from 12/18/14 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant follow up visits for bilateral ankles. Therefore the determination is for non certification.

F/U for Blood Pressure: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, 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. In this case the exam note from 12/18/14 does not demonstrate complex diagnosis, failure of non-operative management or hypertension to warrant a follow up for blood pressure. Therefore the determination is for non certification.

Right Foot/Ankle Nerve Decompression: 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), Ankle & Foot Chapter, Surgery for peroneal nerve dysfunction.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374-375.

Decision rationale: According to the CA MTUS/ACOEM guidelines Chapter 14 (Ankle and Foot Complaints), pg 374-375, referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement. Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot. Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. The guidelines go onto to recommend referral for early repair of ligament tears is controversial and not common practice. Repairs are recommended for chronic instability. In this case there is insufficient evidence of the exam note from 12/18/14 of significant pathology to warrant surgery. There is lack of documentation of failure of physical therapy or exercise program for the patient's complaints. Therefore the guideline criteria have not been met and determination is for non-certification.

CT scan of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: CA MTUS/ACOEM Chapter 12 Low Back Complaints, pages 303-305 demonstrates a CT scan is indicated for bony structures if there is physiologic evidence of impairment. Per the exam note of 12/18/14, there is insufficient evidence of physiologic tissue insult or nerve impairment. Given the lack of objective evidence to support a CT scan, the request is not medically necessary and appropriate.

Electromyography (EMG)/Nerve Conduction Study (NCS) bilateral lower extremities:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Per the CA MTUS/ACOEM Guidelines Low Back Complaints, page 303- 304 regarding electrodiagnostic testing, it states: Electromyography (EMG), including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than three or four weeks. It further recommends against EMG and somatosensory evoked potentials (SEPs) in Table 12-7. Table 12-8 recommends against EMG for clinically obvious radiculopathy. In this particular patient there is no indication of criteria for electrodiagnostic studies based upon physician documentation or physical examination findings. There is clear documentation of lumbar radiculopathy from the cited records and exam note from 12/18/14. Therefore the request of the electrodiagnostic studies is not medically necessary and appropriate and is non-certified.