

Case Number:	CM15-0024616		
Date Assigned:	02/17/2015	Date of Injury:	02/05/2014
Decision Date:	04/08/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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: Pennsylvania
 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 58-year-old female injured worker suffered an industrial injury on 2/5/2014 due to a fall. The diagnoses were lumbar disc protrusion, lumbar muscle spasm, lumbar radiculopathy, lumbar strain/sprain, sprain/strain of right and left knee, right knee meniscal tear, left knee internal derangement, left knee meniscal tear, plantar fasciitis, Achilles tendonitis, and myalgia. The diagnostic studies included magnetic resonance imaging (MRI) of the knee and lumbar spine. MRI of the lumbar spine on 7/25/14 showed degenerative disc disease, disc herniations at L2-3, L3-4, and L4-5 causing stenosis of the spinal canal and pseudodisc bulge at L5-S1 causing stenosis of the spinal canal. The treatments were physical therapy, chiropractic therapy, acupuncture, orthotics, and medications. Medications included naproxen, omeprazole, cyclobenzaprine, and topical compounded creams, one of which contained tramadol. A urine drug screen on 8/20/14 was negative for all substances tested. On 9/25/14, the treating provider noted that the injured worker reported moderate low back pain and bilateral knee pain. Height was 5 feet 1 inch and weight was 190 pounds. Examination showed decreased range of motion of the lumbar spine with paraspinal muscular tenderness and spasm and bilateral positive straight leg raise test. There was tenderness over the right and left knee with positive McMurray's test bilaterally. The physician documented that as of 9/25/14, 21 sessions of physical therapy had been completed. The medical records submitted did not include any of the treatment visits or dates of prior physical therapy, acupuncture, or chiropractic sessions, but the Utilization Review determination noted 14 chiropractic visits from 6/25/14 to 1/15/14, 24 physical therapy visits from 7/29/14 to 12/24/14 and 2 acupuncture sessions in January 2015. The treating physician did

not discuss results/outcome of any of the prior treatment. Work status was noted to be off work. It was also noted that the injured worker last worked in April of 2014. The Utilization Review Determination on 1/23/2015 non-certified aquatic therapy x 12 for the lumbar spine, Chiropractic therapy 1 x 4 for the lumbar spine, Urine drug screen, and Back brace purchase, and modified the request for Acupuncture 2 x 4 for the lumbar spine and bilateral knees to 2 x 2 sessions, citing the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy x 12 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine p. 98-99 aquatic therapy p. 22 Page(s): 22, 98-99.

Decision rationale: The MTUS states that aquatic therapy is recommended as an optional form of exercise therapy as an alternative to land-based physical therapy when reduced weight bearing/minimization of the effects of gravity is desirable. Such situations include extreme obesity, and in certain cases of knee complaints while allowing the affected knee to rest before undergoing specific exercises to rehabilitate the area at a later date. Water exercises have been noted to improve some components of health-related quality of life, balance, and stair climbing in the treatment of fibromyalgia, but regular exercises and higher intensities may be required to preserve most of these gains. The number of sessions of aquatic therapy follows the physical medicine guidelines. The injured worker was noted to weigh 190 pounds with a height of 61 inches; this corresponds to a body mass index (BMI) of 35.9 which is consistent with obesity but not morbid obesity. The treating physician did not discuss the need for reduced weight bearing with exercise, either due to weight or knee issues. The injured worker has already undergone at least 21 sessions of physical therapy. The maximum recommended quantity of physical medicine visits is 10, with progression to home exercise program. When the treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. There are no exceptional factors in the medical records indicating additional physical therapy is needed. There was no documentation of functional improvement as a result of the prior physical therapy; the injured worker remains off work, there was no documentation of reduction in medication use, and office visits have continued at the same frequency. The MTUS states that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The injured worker should be able to transition to a home exercise program after the physical therapy already completed. Due to number of sessions requested in excess of the guidelines, lack of documentation of need for reduced weight bearing with exercise, lack of functional improvement as a result of prior physical therapy, and the expectation of transition to a home exercise program, the request for Aquatic therapy x 12 for the lumbar spine is not medically necessary.

Chiropractic therapy 1 x 4 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): p. 58-60.

Decision rationale: Per the MTUS for Chronic Pain, the purpose of manual medicine is functional improvement, progression in a therapeutic exercise program, and return to productive activities (including work). Per the MTUS for Chronic Pain, a trial of 6 visits of manual therapy and manipulation may be provided over 2 weeks, with any further manual therapy contingent upon functional improvement. The documentation indicates that some chiropractic sessions were already completed, and the Utilization Review determination states that the injured worker had 14 chiropractic visits from 6/25/14 to 1/15/14. There was no documentation of functional improvement as a result of the prior chiropractic therapy. The injured worker remains off work, there was no documentation of decrease in medication use, and office visits have continued at the same frequency. Due to the lack of functional improvement as a result of the prior chiropractic treatment, the request for Chiropractic therapy 1 x 4 for the lumbar spine is not medically necessary.

Acupuncture 2 x 4 for the lumbar spine and bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The MTUS recommends an initial trial of 3-6 visits of acupuncture. Frequency of treatment of 1-3 times per week with an optimum duration of 1-2 months is specified by the MTUS. Medical necessity for any further acupuncture is considered in light of functional improvement. Acupuncture treatments may be extended if functional improvement is documented. The injured worker has attended 2 sessions of acupuncture per the Utilization Review determination; therefore the current request would be within the parameters of an initial course of therapy. There was no documentation of reduction or intolerance to pain medication and no recent surgery or plan for surgery, but the injured worker has undergone recent physical rehabilitation. The number of sessions requested (8) is in excess of the number recommended by the guidelines (3-6 sessions) for an initial course of acupuncture. Due to number of sessions requested in excess of the guidelines, the request for Acupuncture 2 x 4 for the lumbar spine and bilateral knees is not medically necessary.

Urine drug screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines drug testing, opioids Page(s): 43, 77-78, 89, 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chronic pain chapter: urine drug testing.

Decision rationale: Per MTUS chronic pain medical treatment guidelines, urine drug screens are recommended as an option to assess for the use or the presence of illegal drugs, in accordance with a treatment plan for use of opioid medication, and as a part of a pain treatment agreement for opioids. Per the ODG, urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. Urine drug testing is recommended at the onset of treatment when chronic opioid management is considered, if the patient is considered to be at risk on addiction screening, or if aberrant behavior or misuse is suspected or detected. Ongoing monitoring is recommended if a patient has evidence of high risk of addiction and with certain clinical circumstances. Frequency of urine drug testing should be based on risk stratification. Patients with low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Patients at moderate risk for addiction/aberrant behavior should be tested 2-3 times per year. Patients at high risk of adverse outcomes may require testing as often as once a month. Random collection is recommended. Results of testing should be documented and addressed. The injured worker has not been prescribed any oral opioid medication. There was notation of a prescription for a compounded topical medication containing tramadol. The injured worker underwent a urine drug screen in August 2014 which was negative for all substances tested; these results were not addressed by the treating physician. The test already performed included many unnecessary tests, as many drugs with no apparent relevance for this injured worker were assayed. There was no documentation of risk stratification for addiction/aberrant behavior. This would be necessary to determine frequency of treatment, as repeat testing in this timeframe would not be indicated unless the injured worker was noted to be at moderate risk of addiction/aberrant behavior. Due to the lack of a treatment plan that includes oral opioids, lack of risk stratification for aberrant behavior, and lack of meaningful response from the treating physician to the drug test already performed, the request for Urine drug screen is not medically necessary.

Back brace purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 308.

Decision rationale: The ACOEM Guidelines do not recommend lumbar binders, corsets, or support belts as treatment for low back pain, see page 308. On Page 9 of the Guidelines, "The use of back belts as lumbar support should be avoided because they have been shown to have little or no benefit, thereby providing only a false sense of security." The updated ACOEM Guidelines likewise do not recommend lumbar braces for treatment of low back pain. As this

equipment is not recommended by the guidelines, the request for back brace purchase is not medically necessary.