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| Case Number: | CM15-0216366 | | |
| Date Assigned: | 11/06/2015 | Date of Injury: | 08/22/2000 |
| Decision Date: | 12/23/2015 | UR Denial Date: | 10/14/2015 |
| Priority: | Standard | Application Received: | 11/03/2015 |

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 59-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 22, 2000. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy, a shower chair, and CT imaging of the lumbar spine. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 22, 2015 office visit, the applicant reported multifocal complaints of neck pain, 6/10 with radiation of pain to the bilateral lower extremities, right greater than left, and constant, severe low back pain, 9/10, with radiation of pain to bilateral lower extremities. The applicant reported derivative issues with psychological stress, depression, anxiety, and insomnia, the treating provider reported. The applicant's GI review of systems was positive for heartburn, the treating provider reported. The applicant's BMI was 25, the treating provider acknowledged. The applicant was using a cane to move about. The applicant exhibited a slow and guarded gait, the treating provider reported. The applicant had undergone multiple failed lumbar surgeries, the treating provider reported. The applicant was status post spinal cord stimulator cord implantation, the treating provider noted. Eight sessions of physical therapy were sought. The applicant was asked to follow up with a urologist and continue home exercises. A shower chair was endorsed on the grounds that it was acknowledged that the applicant had difficulty standing while showering. CT imaging of the lumbar spine was sought to rule out a pseudarthrosis as was earlier failed lumbar spine surgery. The applicant was placed off of work, on total temporary disability. The requesting provider was an orthopedic spine surgeon. The requesting provider noted that the applicant had positive straight leg raising about the bilateral lower extremities with marked motor and sensory deficits about the lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of physical therapy for the lumbar spine: Upheld

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

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

Decision rationale: No, the request for eight (8) sessions of physical therapy for the lumbar spine was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend a general course of 8 to 10 sessions treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which "clearly states treatment goals." Here, however, the applicant was placed off of work, on total temporary disability, on the September 22, 2015 office visit at issue. The applicant was using a cane to move about. The applicant exhibited marked motor and sensory deficits about the bilateral lower extremities, the treating provider reported. The applicant was asked to pursue CT imaging of lumbar spine, presumably on the grounds that earlier non-operative treatment to include physical therapy had proven unsuccessful. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy through the date of the request. It did not appear likely that the claimant could stand to gain from further treatment, going forward. Clear goals for further therapy, going forward, were not articulated. Therefore, the request was not medically necessary.

1 shower chair: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Bathtub seats.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable medical equipment (DME).

Decision rationale: Conversely, the request for a shower chair was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. However, ODGs Knee and Leg Chapter Durable Medical Equipment topic notes that certain DME toilet items such as the shower chair in question may be necessary when prescribed as part of a medical treatment plan for injury, infections, or other conditions which result in physical limitations. Here, the treating provider reported on the September 22, 2015 office visit that the applicant was having difficulty standing in the shower status post multiple spine surgeries. The applicant was using a cane to move about, the treating provider reported. The treating provider contended that the applicant was unable to stand with any degree of facility while in the shower. Provision of a shower chair was, thus, indicated in the clinical context present here. Therefore, the request was medically necessary.

CT scan of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: Finally, the request for CT imaging of the lumbar spine was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 303, CT imaging is deemed the imaging study of choice for applicants with abnormalities involving bony structures. While the MTUS Guideline in ACOEM Chapter 12, page 304 also notes that imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being contemplated, here, the treating provider, a spine surgeon, reported on the date in question, September 22, 2015, that he suspected that the applicant's residual issues were likely a function of pseudarthrosis involving the lumbar spine status post earlier lumbar spine surgery. The treating provider noted that the applicant had marked motor and gait deficits requiring usage of a cane on the date in question. The treating provider contended that he would act on the results of the study in question and potentially consider further surgery based on the outcome of the same.