

Case Number:	CM15-0041179		
Date Assigned:	03/11/2015	Date of Injury:	05/12/2014
Decision Date:	04/21/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/05/2015

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: 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 45-year-old female, who sustained an industrial injury on 5/12/2014. The current diagnoses are lumbar spine sprain/strain with left lower extremity radiculitis. According to the progress report dated 2/16/2015, the injured worker complains of left-sided low back pain with occasional numbness and tingling in the left lower extremity. Treatment to date has included medications, X-rays, MRI, physical therapy, injections (10/29/2014), and 7 aquatic therapy sessions. Per notes, the aquatic therapy decreased pain, inflammation, and spasms as well as increased range of motion, muscle strength, and activities of daily living. The current plan of care includes gym membership with heated pool for six months, consultation with pain management physician, home traction unit purchase for the lumbar spine, and interferential unit supplies including lead wires for 12 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym program membership with heated pool for six months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22. Decision based on Non-MTUS Citation Official disability guidelines Low back Chapter, GYM membership.

Decision rationale: Based on the 2/16/15 progress report provided by the treating physician, this patient presents with left-sided low back pain with occasional numbness/tingling. The treater has asked for GYM PROGRAM MEMBERSHIP WITH HEATED POOL FOR SIX MONTHS on 2/16/15. The requesting progress report dated 2/16/15 states: "6 month gym membership with heated pool prior aquatic therapy help decreased pain, increased ROM, increase ADL." The patient's diagnoses per Request for Authorization form dated 2/16/15 are prior aquatic therapy help decrease pain increase ROM increase ADL, in consideration of L/S ESI vs. left SI Jt, L/S sprain/strain. The patient had 7 aquatic therapy sessions which decreased pain/inflammation, decreased spasm, increased ROM, increased strength and decreased duration of pain per 2/16/15 report. The patient is s/p chiropractic treatment, which helped 25-30% in the low back per 1/14/15 report. The patient had a lumbar epidural steroid injection along left L3 nerve root a week ago, with relief of left leg pain but persistent numbness in the thigh and continued low back pain per 11/6/14 report. The patient has gained 29 pounds since flare-up of low back pain last May 2014 per 1/14/15 report. The patient is to return to modified duties on 2/6/15 per progress report dated 2/6/15, with limit to 5 hours/day of work. MTUS and ACOEM guidelines are silent regarding gym membership. ODG guidelines, under Low back Chapter, GYM membership, does not recommend it as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The MTUS, pg 22: regarding Aquatic therapy, states: "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. For recommendations on the number of supervised visits, see Physical medicine. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. (Tomas-Carus, 2007)." In this case, the patient has not had prior lumbar surgery per review of reports dated 5/14/14 to 2/16/15. The patient is s/p 7 aquatic therapy sessions which were effective. The treater is requesting a gym membership for the 6 month duration for continued use of a heated pool, to do a self-directed exercise program. There is no documentation, however, of extreme obesity and why reduced weight-bearing exercises are required. There is no medical reason why the patient is unable to perform the necessary exercises on land or at home to improve pain and function. The requested gym membership IS NOT medically necessary.

Consultation with pain management physician #1: Overturned

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

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.

Decision rationale: Based on the 2/16/15 progress report provided by the treating physician, this patient presents with left-sided low back pain with occasional numbness/tingling. The treater has asked for CONSULTATION WITH PAIN MANAGEMENT PHYSICIAN #1 on 2/16/15. The patient's diagnoses per Request for Authorization form dated 2/16/15 are prior aquatic therapy help decrease pain increase ROM increase ADL, in consideration of L/S ESI vs. left SI Jt, L/S sprain/strain. The patient had 7 aquatic therapy sessions which decreased pain/inflammation, decreased spasm, increased ROM, increased strength and decreased duration of pain per 2/16/15 report. The patient is s/p chiropractic treatment which helped 25-30% in the low back per 1/14/15 report. The patient had a lumbar epidural steroid injection along left L3 nerve root a week ago, with relief of left leg pain but persistent numbness in the thigh and continued low back pain per 11/6/14 report. The patient has gained 29 pounds since flare-up of low back pain last May 2014 per 1/14/15 report. The patient is to return to modified duties on 2/6/15 per progress report dated 2/6/15, with limit to 5 hours/day of work. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127: "The occupational health practitioner may refer to other specialists 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. An independent medical assessment also may be useful in avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." 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. A consultant is usually asked to act in an advisory capacity, but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. In regard to this pain management consultation, the request appears reasonable. It is not clear how many pain consultations this patient has had to date, as none of the encounter notes were included. However, ACOEM practice guidelines indicate that it may be appropriate for a physician to seek outside consultation when the course of care could benefit from a specialist. In this case, the patient suffers from continuing lower back and shoulder pain, which is poorly controlled by conservative measures such as physical therapy and medications. The requesting physician is justified in seeking a second opinion and such a consultation/re-evaluation could produce benefits for this patient. Therefore, the request IS medically necessary.

Home traction unit purchase for the lumbar spine #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official disability guidelines Low Back Chapter, Home Inversion Table/Traction.

Decision rationale: Based on the 2/16/15 progress report provided by the treating physician, this patient presents with left-sided low back pain with occasional numbness/tingling. The treater has asked for HOME TRACTION UNIT PURCHASE FOR THE LUMBAR SPINE #1 on 2/16/15. The patient's diagnoses per Request for Authorization form dated 2/16/15 are prior aquatic therapy help decrease pain increase ROM increase ADL, in consideration of L/S ESI vs. left SI

Jt, L/S sprain/strain. The patient had 7 aquatic therapy sessions which decreased pain/inflammation, decreased spasm, increased ROM, increased strength and decreased duration of pain per 2/16/15 report. The patient is s/p chiropractic treatment, which helped 25-30% in the low back per 1/14/15 report. The patient had a lumbar epidural steroid injection along left L3 nerve root a week ago, with relief of left leg pain but persistent numbness in the thigh and continued low back pain per 11/6/14 report. The patient has gained 29 pounds since flare-up of low back pain last May 2014 per 1/14/15 report. The patient is to return to modified duties on 2/6/15 per progress report dated 2/6/15, with limit to 5 hours/day of work. ACOEM page 300 states the following regarding lumbar traction: "Traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended." However, ODG, Low Back Chapter, Home Inversion Table/Traction, states, "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain." The treater does not discuss this request in the reports provided. The patient presents with complaints in the lumbar spine; however, there are no recent reports provided for review to explain this request and show that this is an adjunct of a program of conservative care to achieve functional restoration. "Home traction unit" is not well-defined either as there are a number of different traction units in the market. Given the lack of support for traction per ACOEM, and ODG's lack of support for traction in general, perhaps with the exception of inversion table, the request IS NOT medically necessary.

Interferential unit supplies including lead wires for 12 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: Based on the 2/16/15 progress report provided by the treating physician, this patient presents with left-sided low back pain with occasional numbness/tingling. The treater has asked for INTERFERENTIAL UNIT SUPPLIES INCLUDING LEAD WIRES FOR 12 MONTHS on 2/16/15. The patient's diagnoses per Request for Authorization form dated 2/16/15 are prior aquatic therapy help decrease pain increase ROM increase ADL, in consideration of L/S ESI vs. left SI Jt, L/S sprain/strain. The patient had 7 aquatic therapy sessions which decreased pain/inflammation, decreased spasm, increased ROM, increased strength and decreased duration of pain per 2/16/15 report. The patient is s/p chiropractic treatment, which helped 25-30% in the low back per 1/14/15 report. The patient had a lumbar epidural steroid injection along left L3 nerve root a week ago, with relief of left leg pain but persistent numbness in the thigh and continued low back pain per 11/6/14 report. The patient has gained 29 pounds since flare-up of low back pain last May 2014 per 1/14/15 report. The patient is to return to modified duties on 2/6/15 per progress report dated 2/6/15, with limit to 5 hours/day of work. MTUS (p118-120) states: Interferential Current Stimulation (ICS) Possibly appropriate for the following conditions if it has documented and proven to be effective as

directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications. Pain is ineffectively controlled with medications due to side effects. History of substance abuse. Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment. Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). Review of reports dated 5/14/14 to 2/16/15 do not show evidence that the patient has been using interferential unit or to what effect. Treater does not provide a reason for the request. MTUS supports 30-day trial before an IF unit is recommended. The patient is not post-operative, has no documentation that medications are not working, and does not have a history of substance abuse. The level of pain reduction and functional improvement in association with the use of the interferential unit is not included in the documentation. The MTUS page 8 states the physician is required to monitor the patient's progress and make appropriate recommendations. Given the lack of documentation, the request for interferential unit supplies IS NOT medically necessary.