MAXIMUS Federal Services

Case Number:	CM15-0051730		
Date Assigned:	04/15/2015	Date of Injury:	08/05/1998
Decision Date:	06/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/18/2015

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 51-year-old female who reported an injury on 08/05/1998. The mechanism of injury reportedly occurred as cumulative trauma. Her diagnoses include hypertension, cervical herniated disc, carpal tunnel syndrome, fibromyalgia, anxiety, depression, headaches, and lumbar herniated disc. Her past treatments include medications, bilateral facet joint injections, facet nerve blocks, lumbar radiofrequencies, right knee injections, physical therapy, acupuncture, and aquatic therapy. Pertinent diagnostic studies were not included in the documentation submitted for review. Her past surgical history included a hysterectomy, a tonsillectomy, a carpal tunnel release, and kidney stone surgery. The injured worker presented on 02/10/2015 with complaints of problems with eating, dressing, grooming, bathing, eliminating, or hearing, reading, writing, sleeping, standing, walking, working, sitting, sexual activity, housework, hobbies, exercising, vision, driving, or riding in the vehicle, participating in group activities, and speaking in public. The injured worker complained of feelings of instability, depression, mood swings, and crying spells. The injured worker further reported complaints of headaches and an increase in pain of the bilateral knees, right greater than left. Upon physical examination it was noted that the injured worker had no hemiparesis on examination, had no arm drift or pronation. Her left sacroiliac joint was very tender. Straight leg raise testing was to 20 degrees bilaterally. It was noted that the injured worker's headaches remained unchanged and she had not received an occipital block injection as recommended for headache control. A clinical note indicated that the rest of her examination was unchanged. The clinical note also indicates that the injured worker has had an exacerbation of symptoms and had

not been started on aquatic therapy or acupuncture treatments. Her medication regimen included gabapentin, Cerefolin, aspirin, hydrochlorothiazide, sucralfate, rizatriptan, Viibryd, etizolam quetiapine, hydrocodone/APAP 10/325 mg, prednisone, albuterol, Floranex, cyclobenzaprine, and Linzess. The treatment plan included the injured worker to be provided with a shower chair, special orthopedic mattress, motorized wheelchair, weight reduction program, a detox program, weaned off her medications, and a second opinion by an orthopedic consultation for her right knee, and occipital block injection for headache control, and an evaluation by pain management for left sacroiliac joint block, continue on physiotherapy, acupuncture treatments, and aquatic therapy and shockwave treatments, home health services, and a formal neurocognitive evaluation with cognitive behavioral therapy. The treatment plan further included that the injured worker undergo a formal Functional Capacity Evaluation and a re-examination in 6 weeks or as needed. The rationale for the request for urine drug screen was to check medication levels. Request for Authorization forms dated 02/10/2015 were submitted in the documentation for review. The injured worker is a 51 year old female, who sustained an industrial injury on 8/5/1998. The current diagnoses are headaches, lumbar radiculopathy, and intervertebral disc disorder with myelopathy, lumbar region, and cervical radiculopathy. According to the progress report dated 2/10/2015, the injured worker complains of increased pain in both knees and shoulders, headaches, and severe abdominal pain. The current medications are Gabapentin, Cerefolin, Aspirin, Hydrochlorothiazide, Sucralfate, Rizatriptan, Estazolam Quetiapine, Hydrocodone / APAP, Linzess, Floranex, Cyclobenzaprine, and Viibyrd. Treatment to date has included medication management, right knee joint injection, bilateral facet joint injections, and facet joint nerve block. The plan of care includes 12 aqua therapy sessions, 12 physical therapy sessions, 12 acupuncture sessions, urine toxicology test, left greater occipital nerve block, left sacroiliac joint injection, second opinion orthopedic consultation for the right knee, follow-up with doctor, cognitive study, functional capacity evaluation, Cyclobenzaprine, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua therapy 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical therapy guidelines ACOEM 4/2008, Low Back Chapter, page 94.

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

Decision rationale: The request for aqua therapy 12 sessions is not medically necessary. The injured worker has low back, right knee pain, and headaches. The California MTUS Treatment Guidelines recommend aquatic therapy. Additionally, the guidelines state that aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Furthermore, the guidelines state that aquatic therapy is an optional form of exercise therapy, as an alternative to land based physical therapy. The documentation submitted for review failed to provide evidence of the injured worker's inability to participate in a land based physical therapy program. Given the above, the request as submitted is not supported by the guidelines. As such, the request for aqua therapy 12 sessions is not medically necessary.

Physical therapy 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy.

Decision rationale: The request for physical therapy 3x4 is not medically necessary. The injured worker has low back, right knee pain, and headaches. The California MTUS Guidelines recommend 10 physical therapy visits over 8 weeks for myalgia. Additionally, the guidelines state that fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine is to be included in the treatment. Moreover, the guidelines state that patients should be formally assessed after a 6 visit clinical trial to see if the injured worker is moving in a positive direction, no direction, or a negative direction, prior to continuing with the physical therapy; and when treatment duration and/or number of visits exceeds the guidelines exceptional factors should be noted. The request as submitted exceeds the guideline recommendations. Given the above, the request in its entirety is not supported by the guidelines. As such, the request for physical therapy 3 x4 is not medically necessary.

Acupuncture 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 12 sessions is not medically necessary. The injured worker has low back/right knee pain, and headaches. The California Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated. The California MTUS Acupuncture Guidelines recommend 6 acupuncture treatments to produce effect. Additionally, the guidelines state that acupuncture treatments may be extended if functional improvement is documented. The documentation submitted for review indicated the treatment plan was to wean the injured worker off her medications. Furthermore, the request as submitted exceeds the guideline recommendations. As such, the request for acupuncture 12 sessions is not medically necessary.

Urine toxicology test: 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), urine toxicology.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine toxicology test is not medically necessary. The injured worker has low back, right knee pain, and headaches. The California MTUS Treatment Guidelines recommend drug testing as an option to assess for the use or the presence of illegal drugs. The documentation submitted for review failed to provide evidence of the injured worker's suspected use of illegal substances. Given the above, the request as submitted is not

supported by the guidelines. As such, the request for urine toxicology is not medically necessary.

Left greater occipital nerve block qty: 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 (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Greater occipital nerve block (GONB).

Decision rationale: The request for left greater occipital nerve block quantity 1 is not medically necessary. The injured worker has low back, right knee pain, and headaches. The Official Disability Guidelines do not recommend nerve blocks for use in treatment of primary headaches, or migraine and cluster headaches. Therefore, the request is not supported by the guidelines. Therefore, the request as submitted is not supported by the guidelines. As such, the request for a left greater occipital nerve block quantity 1 is not medically necessary.

Left sacroiliac joint injection qty: 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 (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Sacroiliac joint blocks.

Decision rationale: The request for left sacroiliac joint injection is not medically necessary. The injured worker has low back, right knee pain, and headaches. The California ACOEM Guidelines do not recommend ligamentous injections. Furthermore, the guidelines state that Sacroiliac joint blocks are recommended with documentation of at least three positive exam findings such as: Cranial Shear Test; Extension Test; Flamingo Test; Fortin Finger Test; Gaenslen's Test; Gillet's Test (One Legged-Stork Test); Patrick's Test (FABER); Pelvic Compression Test; Pelvic Distraction Test; Pelvic Rock Test; Resisted Abduction Test (REAB); Sacroiliac Shear Test; Standing Flexion Test; Seated Flexion Test; Thigh Thrust Test (POSH). The documentation submitted for review provided evidence of the injured worker having left hip tenderness upon examination. However, the documentation submitted for review failed to provide evidence of one of the specific test for SI dysfunction. Given the above, the request as submitted is not supported by the guidelines. As such, the request for left sacroiliac joint injection quantity 1 is not medically necessary.

Second opinion orthopedic consult/right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-331.

Decision rationale: The request for second opinion orthopedic consult/right knee is not medically necessary. The injured worker has low back, right knee pain, and headaches. The California ACOEM Guidelines state the absence of red flags rule out the need for referrals. The documentation submitted for review failed to provide evidence of any red flags upon physical examination. Additionally, the documentation submitted for review provides evidence that the injured worker has had a previous orthopedic consult for the right knee. Given the above, the request for second opinion orthopedic consult/right knee is not supported by the guidelines. As such, the request for second opinion orthopedic consult/right knee is not medically necessary.

Cognitive study: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for cognitive study is not medically necessary. The injured worker has low back, right knee pain, and headaches. The California MTUS Guidelines recommend an initial trial of 4 psychotherapy visits of cognitive behavioral therapy over 2 weeks after a lack of progress from physical medicine. The documentation submitted for review failed to provide evidence of the injured worker participating in a physical medicine treatment program. Given the above, the request as submitted is not supported by the guidelines. As such, the request for a cognitive study is not medically necessary.

Functional capacity evaluation: 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), Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The injured worker has low back, right knee pain, and headaches. The Official Disability Guidelines recommend performing a Functional Capacity Evaluation when case management has been hampered by complex issues such as prior unsuccessful return to work attempts. The injured worker is close or at maximum medical improvement. The documentation submitted for review failed to provide evidence of the injured worker attempting to return to work. Furthermore, the documentation submitted for review provides evidence that the injured worker's disability is permanent and stationary. Given the above, the request as submitted is not supported by the guidelines. As such, the request for a Functional Capacity Evaluation is not medically necessary.