

Case Number:	CM15-0052369		
Date Assigned:	03/25/2015	Date of Injury:	05/26/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/19/2015

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 injured worker is a 39 year old male who sustained an industrial injury on 5/26/2014 due to a fall while sitting on a desk which collapsed. The current diagnosis is a lumbar radiculopathy with herniated nucleus pulposus at L5-S1, lumbar disc disorder with myelopathy. Treatment to date has included physical therapy, chiropractic, and epidural injection. Evaluation has included x-rays and MRI. The injured worker was initially treated with steroids and tramadol and then prescribed naproxen in June of 2014. The documentation indicates that he returned to work with restrictions in July 2014; he briefly was released to full duty in early January 2015 and work restrictions were subsequently re-instituted. He attended physical therapy, which was put on hold in December 2014 due to exacerbation of low back pain and leg symptoms. As of 12/5/14, the injured worker had completed 26 sessions of physical therapy. The injured worker reported that the pain has affected his ability to perform activities of daily living. According to the progress report dated 1/21/2015, the injured worker complains of continuous low back pain, worse on the left side. The pain radiates to his left buttocks and into the back of his left thigh. There was no numbness, tingling, or weakness. Pain was increased with prolonged sitting. The current medications were over-the-counter Naproxen and Acetaminophen. Examination showed mild posterior lumbar tenderness, normal motor exam/sensation/reflexes, and negative straight leg raising. Voltaren and tramadol were prescribed, and pool therapy, ergonomic evaluation, and sit or stand desk were recommended. Previous work restrictions were continued. On 2/17/15, Utilization Review (UR) non-certified requests for Voltaren 75 mg #60, 12-pool therapy sessions to the lumbar spine, ergonomic workstation evaluation, and sit or stand desk, citing the MTUS and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Voltaren 75mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): p. 67-73.

Decision rationale: This injured worker has chronic back pain with lumbar disc disease. Per the MTUS, nonsteroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDS are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. The documentation reflects monitoring of blood pressure, but no laboratory monitoring was discussed. The injured worker has been using an NSAID, naproxen, for over 6 months, without documentation of improvement in activities of daily living, reduction in work restrictions, or improvement in pain. There was no documentation of the reason for prescription of Voltaren, a different NSAID. Due to lack of functional improvement as a result of NSAID use as well as potential for toxicity, the request for Voltaren is not medically necessary.

Twelve (12) sessions of pool therapy 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 aquatic therapy, physical medicine 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. In this case there was no documentation of extreme obesity. Most recent height and weight were documented in November 2014 with height of 5 feet 11 inches and weight of 180 pounds. 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 maximum recommended quantity of therapy visits is 10, with progression to home exercise. The current pool therapy prescription exceeds the quantity recommended in the MTUS. There are no essential exercises or therapy for the back which can only be performed in the water. Medical necessity, if any, is based on the requirement that this or any other patient must exercise only in the water. In general, patients should perform land therapy, in that land exercise is essential for development of strength, proprioception, and core stabilization. This injured worker has completed 26 sessions of physical therapy as of 12/5/14. 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 lack of specific indication for aquatic therapy and number of sessions requested in excess of the guidelines, the request for pool therapy is not medically necessary.

Ergonomic workstation evaluation: 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), Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): p. 6-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: ergonomics interventions.

Decision rationale: The ACOEM states that primary prevention of work-related complaints depends on reducing exposure to physical stressors, and that ergonomic workstation evaluation and modification is a cost-effective measure. The ACOEM recommends adjustment of workstations, tasks, and tools to the individual worker's size and physiologic work capacity. Jobs and workstations should be designed so that they fit most workers capacities. Workstations, equipment, or task components should be adjustable for workers of different stature, strength, and endurance. Work should be positioned to avoid static, nonanatomic postures resulting in sustained muscle contraction and to decrease static exertions that result in excessive muscle fatigue. The ACOEM gives detailed recommendations for the design of tasks and workstations in order to prevent musculoskeletal complaints and injuries. The ODG states that ergonomics interventions are recommended as an option as part of a return-to-work program for injured workers on a case-by-case basis. In this case, the injured worker has returned to work with restrictions. Pain was noted to be increased with prolonged sitting, and work restrictions included limitations in sitting. The physician has recommended an ergonomic workstation evaluation. As the injured worker has returned to work, and as the ACOEM recommends ergonomic evaluation and design of workstations to prevent musculoskeletal complaints and injuries, the request for ergonomic workstation evaluation is medically necessary.

Sit or stand desk: 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), Durable Medical Equipment (DME).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): p. 6-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter: ergonomics interventions.

Decision rationale: The ACOEM states that primary prevention of work-related complaints depends on reducing exposure to physical stressors, and that ergonomic workstation evaluation and modification is a cost-effective measure. The ACOEM recommends adjustment of workstations, tasks, and tools to the individual worker's size and physiologic work capacity. Jobs and workstations should be designed so that they fit most workers capacities. Workstations, equipment, or task components should be adjustable for workers of different stature, strength, and endurance. Work should be positioned to avoid static, nonanatomic postures resulting in sustained muscle contraction and to decrease static exertions that result in excessive muscle fatigue. The ACOEM gives detailed recommendations for the design of tasks and workstations in order to prevent musculoskeletal complaints and injuries. The ODG states that ergonomics interventions are recommended as an option as part of a return-to-work program for injured workers on a case-by-case basis. This injured worker has returned to work with restrictions. Symptoms were noted to be increased with prolonged sitting, and work restrictions included limitations on sitting. The physician has recommended an ergonomic workstation evaluation and a specific type of desk. The ergonomic workstation evaluation has not yet been completed. As such, the request for sit or stand desk is not medically necessary.