MAXIMUS Federal Services

Case Number:	CM15-0067044		
Date Assigned:	05/13/2015	Date of Injury:	09/16/1998
Decision Date:	07/02/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/08/2015

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: 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 injured worker is a 50 year old male, who sustained an industrial injury on 09/16/1998. The initial complaints or symptoms included head, neck, mid back and low back pain/injury. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, physical therapy, aquatic therapy and acupuncture for the neck and low back, injections, and lumbar spine surgeries (2001, 2004, 2005 and 2008). Currently, the injured worker complains of constant, moderate, sharp, stabbing neck pain radiating to the left extremities, and constant, severe, dull, achy, sharp, stabbing low back pain with heaviness, cramping, numbness, tingling, and weakness. The injured worker reported that his symptoms are improved with medications, physical therapy and acupuncture. Objective findings included restricted range of motion in the cervical spine, positive cervical compression test with pain radiating to the left arm, and decreased sensation at the C6-7 on the left. The diagnoses include cervical disc displacement, cervical myospasm, cervical pain, cervical strain/sprain, lumbar strain/sprain, status post lumbar spine surgery, and depression. The request for authorization included the following denied services: unknown LINT sessions to the lumbar spine, 4 aquatic therapy sessions, Protonix 20 mg, and 1 cane. The following services were conditionally non-certified and are not eligible for IMR: 8 sessions of physical therapy, 8 sessions of acupuncture, Neurontin 300 mg, Norflex 100 mg, Norco 10/325 mg and Senokot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown LINT sessions to the lumbar spine: Upheld

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 Official Disability Guidelines (ODG) Low Back Chapter/Hyperstimulation Analgesia Section.

Decision rationale: The MTUS Guidelines do not address the use of localized intense neurostimulator therapy. Per the ODG, hyper-stimulation analgesia is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer. The request for unknown LINT sessions to the lumbar spine is not medically necessary.

4 aquatic therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Section Physical Medicine Section Page(s): 22, 98, 99.

Decision rationale: The MTUS Guidelines recommend the use of aquatic therapy as an optional form of exercise therapy as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable. Physical medicine is intended to have fading of treatment frequency as the patient replaces guided therapy with a home exercise program. The total number of sessions recommended for neuralgia, neuritis, and radiculitis is 9-10 visits over 4 weeks. The injured worker has used aquatic therapy in the past with no documentation of the efficacy of the program. At this point the injured worker should be able to perform the exercises on his own. The request for 4 aquatic therapy sessions is not medically necessary.

Protonix 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Protonix is a proton pump inhibitor (PPI). The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as Protonix in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that theinjured worker has had, or is at increased risk of gastrointestinal events. Additionally, the number of Protonix requested is not included with this request. The request for Protonix 20mg is not medically necessary.

1 cane: Upheld

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 Official Disability Guidelines (ODG) Hip & Pelvis Chapter/Walking Aids Section.

Decision rationale: The MTUS Guidelines do not address the use of walkers or canes. The ODG does recommend the use of walkers or canes to reduce pain associated with osteoarthritis. It is documented that the injured worker has used a cane in the past. There is no documentation that the injured worker's cane is worn out or needs to be replaced, Additionally, there is no recent documentation that the injured worker has difficulties, pain, or limitations with ambulation. It is not evident that the injured worker has pain from walking that may benefit from the use of a cane. The request for 1 cane is not medically necessary.