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| Case Number: | CM15-0081207 | | |
| Date Assigned: | 05/01/2015 | Date of Injury: | 09/09/2013 |
| Decision Date: | 07/09/2015 | UR Denial Date: | 04/24/2015 |
| Priority: | Standard | Application Received: | 04/28/2015 |

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 30-year-old female, who sustained an industrial injury on September 9, 2013. She was diagnosed with lumbosacral sprain, cervical sprain and right shoulder sprain and radiculopathy. Treatment included pain medications, home exercise program, lumbar support, and physical therapy. Currently the injured worker complained of persistent low back pain radiating into the right lower extremity, neck pain, stiffness, and right shoulder pain. The treatment plan that was requested for authorization included a back brace, cane, aqua therapy, return to clinic 4 to 6 weeks and urine toxicology screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines Low Back & Lumbar & Thoracic Chapter, lumbar supports.

Decision rationale: The patient presents with low back pain radiating to the right lower extremities, neck pain with stiffness and right shoulder pain. The physician is requesting a BACK BRACE. The RFA was not included in the reports. The patient is currently temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back & Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." The treatment report dated 11/14/2014 shows that the patient has low back pain at a rate of 8/10 that radiates to the right lower extremity. The patient also complains of neck pain with stiffness at a rate of 9/10 and right shoulder pain. Exam shows right shoulder range of motion is painful. Crepitus was noted. There is cervical spine tenderness and painful ROM. The x-ray of the lumbar spine dated 12/30/2014 shows mild dextroscoliosis, decreased height of disc space at L5-S2, which is likely, congenital but may be associated with discogenic disease. The rest of the report was normal. The physician does not discuss the request. In this case, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of the aforementioned conditions was provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

Cane: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines knee and leg chapter, walking aids (canes, crutches, braces, orthoses, and walkers).

Decision rationale: The patient presents with low back pain radiating to the right lower extremities, neck pain with stiffness and right shoulder pain. The physician is requesting a CANE. The RFA was not included in the reports. The patient is currently temporarily totally disabled. ODG guidelines, knee chapter states the following about walking aids (canes, crutches, braces, orthoses, and walkers), "Recommended, as indicated below. Almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Non-use is associated with less need, negative outcome, and negative evaluation of the walking aid." The patient's current diagnoses include lumbosacral sprain, cervical sprain and right shoulder sprain and radiculopathy. The treatment report dated 11/14/2014 shows right shoulder range of motion is painful. Crepitus was noted. There is

cervical spine tenderness and painful ROM. Records do not show that a cane was dispensed previously. The physician has not provided a rationale for this request. In this case, the patient is not post-surgical. She does not have any knee issues, ambulation problems or a diagnosis that would warrant the need for a cane. The patient does not meet the ODG guidelines for a cane. The request IS NOT medically necessary.

Aqua Therapy two times six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy.

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

Decision rationale: The patient presents with low back pain radiating to the right lower extremities, neck pain with stiffness and right shoulder pain. The physician is requesting AQUA THERAPY TWO TIMES SIX. The RFA was not included in the reports. The patient is currently temporarily totally disabled. MTUS Guidelines page 22, Chronic Pain Medical Treatment Guidelines: Aquatic therapy is "recommended as an optional form of exercise therapy where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize effect 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." The MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." The physician does not provide a rationale for this request. According to the 11/14/2014 report, the patient has low back pain at a rate of 8/10 that radiates to the right lower extremity. The patient also complains of neck pain with stiffness at a rate of 9/10 and right shoulder pain. Exam shows right shoulder range of motion is painful. Crepitus was noted. There is cervical spine tenderness and painful ROM. The treatment plan includes continuation of home exercise program, Norco, UDS, EMG/NCV and X-rays. In this case, records show that the patient is currently performing her own home exercise program. There is no discussion as to why the patient would require weight-reduced exercises. None of the reports mentions that the patient is extremely obese. Furthermore, the quantity exceeds guidelines. The request IS NOT medically necessary.

RTC 4-6 weeks [REDACTED]: 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).

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: The patient presents with low back pain radiating to the right lower extremities, neck pain with stiffness and right shoulder pain. The physician is requesting RTC 4-6 WEEKS [REDACTED]. The RFA was not included in the reports. The patient is currently temporarily totally disabled. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for 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. ACOEM guidelines generally allow and support specialty follow up evaluations for chronic pain conditions, and support referral to a specialist to aid in complex issues. Given the patient's chronic low back, neck and right shoulder pain, follow up evaluation may contribute to improved management of symptoms. Therefore, the request IS medically necessary.

Urine Toxicology: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Urine drug testing.

Decision rationale: The patient presents with low back pain radiating to the right lower extremities, neck pain with stiffness and right shoulder pain. The physician is requesting a URINE TOXICOLOGY. The RFA was not included in the reports. The patient is currently temporarily totally disabled. The MTUS guidelines do not specifically address how frequent urine drug screens should be obtained for various-risk opiate users. However, ODG guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. The physician does not discuss this request. Medical records show that the patient has been on opioids since before 11/14/2014. Reports provided did not include any current urine drug screens. In this case, while the patient's "risk assessment" was not discussed, the ODG Guidelines recommend once-yearly urine drug screen and a follow-up for a total of 2 per year. The request IS medically necessary.