

Case Number:	CM15-0083164		
Date Assigned:	05/05/2015	Date of Injury:	04/27/1992
Decision Date:	09/11/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/30/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 79 year old male who sustained an industrial injury on April 27, 1992. He has reported injury to the lower back and lower extremity and has been diagnosed with history of multiple lumbar surgeries, chronic lumbar pain with radiculopathy, and history of a spinal cord stimulation implantation. There are associate diagnoses of anxiety, depression and insomnia. Treatment has included medications, surgeries and a spinal cord stimulator. Currently the injured worker had tenderness and spasm over the lower lumbar spine with decreased range of motion. There was objective findings of bilateral feet drop. The treatment request included a CT scan of the cervical spine, X-ray of the cervical spine, physical therapy evaluation and treatment, pool therapy, soft tissue massage, and an AFO bilateral brace. The medications listed are Lyrica, Robaxin, Xanax, Ambien and Zoloft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188, Chronic Pain Treatment Guidelines Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments measures can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical treatments can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients proceed to a Home Exercise Program (HEP) after completion of supervised physical treatments. The records indicate that the patient had previously completed sessions of Physical Therapy (PT) since the 1992 injury. There is no documentation of exacerbation or re-injury. The criteria for PT evaluation and treatment was not met. The request is not medically necessary.

CT scan of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 172.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal condition when physical findings are inconclusive and to evaluate neurological deficit or the presence of a red flag condition. The records did not show exacerbation of the spinal condition, neurological deficit related to the cervical spine or recent re-injury. The original injury was noted to have occurred in 1992. The criteria for the CT scan of the cervical spine was not met. The request is not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-188. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that radiological tests can be utilized for the evaluation of musculoskeletal condition when physical findings are inconclusive and to evaluate neurological deficit or the presence of a red flag condition. The records did not show exacerbation of the spinal condition, neurological deficit related to the cervical spine or recent re-injury. The original injury was noted to have occurred in 1992. The criteria for the CT scan of the cervical spine was not met. The request is not medically necessary.

Pool therapy: 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 Page(s): 22, 46-47, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments measures can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical and exercise treatments can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients can utilize Aquatic exercise programs if they cannot tolerate land based because of the gravity effect. The records did not show that the patient had re-injury or exacerbation of the neck pain. The records indicate that the patient had previously completed sessions of Physical Therapy (PT) since the 1992 injury. The criteria for Aquatic Pool Therapy was not met. The request is not medically necessary.

Soft tissue massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47, 96-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments measures can be utilized for the treatment of exacerbation of musculoskeletal pain. The utilization of physical treatments can result in pain relief, reduction in medications utilization and functional restoration. The guidelines recommend that patients proceed to a Home Exercise Program (HEP) after completion of supervised physical treatments. The records indicate that the patient had previously completed sessions of Physical Therapy (PT) since the 1992 injury. The guidelines noted that Massage is a form of passive exercise that had not been proven to consistently lead to long term beneficial effects. The criteria for Soft Tissue Massage treatments was not met. The request is not medically necessary.

AFO bilateral brace: Overturned

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 14 Ankle and Foot Complaints Page(s): 361-382. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Ankle and Foot.

Decision rationale: The CA MTUS and the ODG guidelines recommend that Durable Medical Equipment / Orthoses can be utilized for it improves ambulation in the presence of physical deformity that otherwise would limit mobility or increase pain. The guidelines note that Ankle Foot Orthoses (AFO) may improve mobility and decrease pain in the presence of foot drop disorder. The records indicate that the patient had subjective and objective findings consistent with bilateral feet drop. The criteria for the use of bilateral AFO was met. The request is medically necessary.