

Case Number:	CM14-0166069		
Date Assigned:	10/13/2014	Date of Injury:	03/09/2013
Decision Date:	11/12/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64 year-old male with a date of injury of March 9, 2013. The patient's industrially related diagnoses include cervical spinal strain, cervical disc bulge with neuroforaminal narrowing at C5-6, and lumbar spinal strain. The disputed issues are a request for aquatic therapy 2x6 for the cervical and lumbar spine, follow-up visit with pain management, and ROM (range of motion) measurement. A utilization review determination on 9/19/2014 had non-certified these requests. The stated rationale for the denial of aquatic therapy was: "The submitted documentation does not provide evidence of any specific objective and functional improvement from the already completed aquatic therapy to justify continuation of skilled care. In addition, there is limited support for skilled care in an aquatic environment as there is no notation of any alteration in weight-bearing status or obesity to support the need for this type of environment." The stated rationale for the denial of pain management follow-up x1 was: "The orthopedic provider recommends a pain management consultation for a possible lumbar ESI and medication management; however the most recent documentation does not support specific dermatomal or myotomal symptoms which would support lumbar nerve root compression. Additionally, the claimant's medication regimen is not documented. It is not clear that this claimant is taking medications that require management by a pain management specialist and cannot be managed by the orthopedic provider." Lastly, the stated rationale for the denial of the request for ROM measurement was: "There is limited support to indicate that computerized measurements of motion are superior to typical motion measurements done with a standard goniometer."

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic Therapy 2x6 Cervical, Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173,298,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 22,98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter and Low Back Chapter, Physical Therapy

Decision rationale: In regard to the request for aquatic therapy, the Chronic Pain Treatment Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy (where available) as an alternative to land-based physical therapy. It is specifically recommended whenever reduced weight-bearing is desirable (for example: extreme obesity). Guidelines go on to state that for the recommendation on the number of supervised visits, physical therapy guidelines should be consulted. In the progress reports available for review, there is no documentation indicating why the patient would require therapy in a reduced weight-bearing environment. The treating physician previously requested physical therapy after the injured worker finished acupuncture, but the results of the therapy are not documented. There is no indication as to how many physical and aquatic therapy sessions the patient has undergone and what specific objective functional improvement has been obtained with the therapy sessions already provided. Finally, the treating physician documented ongoing home exercise, but there is no statement indicating whether the patient is performing a home exercise program on a regular basis, and whether or not that home exercise program has been modified if it has been determined to be ineffective. Based on the guidelines and the lack of documentation, the request for aquatic therapy 2x6 for cervical and lumbar spine is not medically necessary.

Follow-up Visit with Pain Management x1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations Chapter, Page 127

Decision rationale: In regard to the request for referral to pain management for follow-up, the California MTUS does not address this issue. The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support specialty consultation and follow-up visits 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. In the progress report available for review, the treating physician documented that the injured worker had a history of long-term narcotic use. Therefore, the treating physician requested a pain management

follow-up for medication monitoring and for interventional procedures, specifically epidural steroid injections (ESI). The utilization review determination stated: "The claimant's medication regimen is not documented. It is not clear that this claimant is taking medications that require management by a pain management specialist and cannot be managed by the orthopedic provider." However, there is documentation that hydrocodone (Norco), an opioid, is being prescribed. Therefore, pain management follow-up is supported in the case of this injured worker. Based on the guidelines and the documentation, the request for pain management follow-up x1 is medically necessary.

ROM Measurement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Analysis of spine motion variability using a computerized goniometer compared to physical examination. A prospective clinical study. Dopf CA, Mandel SS, Geiger DF, Mayer PI, Spine. 1995 Jan 15;20(2):252-3

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 33;89. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: 1. Dopf CA, Mandel SS, Geiger DF, Mayer PJ. Analysis of spine motion variability using a computerized goniometer compared to physical examination. A prospective clinical study. Spine (Phila Pa 1976). 1994 Mar 1;19(5):586-95. PMID 8184354 2. Mieritz RM et al. Reliability and measurement error of 3-dimensional regional lumbar motion measures: a systematic review. J Manipulative Physiol Ther. 2012 Oct;

Decision rationale: In regard to the request for computerized range of motion (ROM) testing, the California Medical Treatment and Utilization Schedule do not have any provisions for computerized range of motion testing. The Occupational Medicine Practice Guidelines state that physical examination should be part of a normal follow-up visit, including examination of the musculoskeletal system. A general physical examination for a musculoskeletal complaint typically includes range of motion and strength testing. Computerized range of motion testing is not considered a standard of care, and there is a lack of evidence for this diagnostic procedure. In a study, computerized ROM testing was compared to non-computerized measurements in subjects for spine range of motion. The study suggested that there is less variability of measurements when computerized testing is utilized. However, the superiority of indications for such computerized measurements was not established. Furthermore, the current literature on the reliability and measurement error of measures created by regional 3D spinal instruments contains uncertainties especially in relevant clinical populations. There is uncertainty with respect to the degree that repeated measurements by 3D regional spinal motion instruments are reproducible. In the progress reports available for review, the treating physician does not adequately document why his ability to perform a standard musculoskeletal examination for this injured worker is inadequate, or why additional testing above and beyond what is normally required for a physical examination would be beneficial in this case. Based on the lack of supportive evidence and considering community standard of care, the request for ROM measurement is not medically necessary.