

Case Number:	CM14-0176847		
Date Assigned:	10/30/2014	Date of Injury:	08/23/2007
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/24/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 56 year old male who was injured on 8/23/2007. He was diagnosed with right pelvic fracture, right rib cage fracture, sacroiliac joint arthropathy, low back pain, lumbar sprain/strain, right wrist sprain, right shoulder strain/impingement, cervical sprain/strain, left wrist tendinitis, and left shoulder strain. He was treated with surgery (right hip), injections, oral pain medications, lumbar support, physical therapy, referral to pain specialist, cane use, and TENS unit. On 9/10/14, the worker was seen by his primary treating physician for a follow-up complaining of continued neck pain with radiation to both arms (left more than right), continued low back pain, and pelvic pain, which was the same as previous reports. Physical examination findings included tenderness of right rib cage area, tenderness of cervical paraspinal muscles, positive compression and Spurling's test, limited range of motion of cervical spine, decreased sensation of C6 dermatome right side greater than left, tenderness of lumbar paraspinal muscles and over right sacroiliac joint, positive straight leg raise test, and decreased sensation of L5 bilaterally. He was then recommended to again see his pain specialist for a consideration of another injection, continue his home exercise (as well as gym exercises) and TENS unit use, continue Norco, use a new and different lumbar support, use a cervical pillow at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Pain management consultation with [REDACTED]: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 127, 77, 81.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted 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 assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. In the case of this worker, there was a recommendation to go back for another consultation with his pain specialist for consideration of another injection in the right rib cage area. This seems reasonable considering it has been many months since his last consultation with the pain specialist and is for a very specific procedure. Therefore, the pain specialist consultation is medically necessary.

1 Off the shelf lumbar support: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Lumbar supports

Decision rationale: The MTUS ACOEM Guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The ODG states that lumbar supports are not recommended for prevention, but may be used as an option for treatment for compression fractures, postoperatively (fusion), spondylolisthesis, documented instability, and for nonspecific low back pain (very low quality evidence but may be considered). In the case of this worker, he had already received a lumbar support previously, and there was no report found in the documents provided if the worker was using it or if it was not functional that might warrant consideration of another lumbar support device. Therefore, the lumbar support is not medically necessary.

1 Cervical pillow: 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), Neck & Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back section, Pillow

Decision rationale: The MTUS Guidelines do not address cervical pillow use. The ODG, however, states that cervical pillows are recommended during sleep, but only in conjunction with daily exercises as it was not shown to be effective without the exercises. In the case of this worker, there seems to be some evidence of the worker doing exercises, but there was no specific report of him doing neck exercises, which would be required before considering using a neck pillow. Therefore, without this documented report, the cervical pillow is not medically necessary.

1 Six month gym membership: 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), Low Back- Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 45-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back section, Gym memberships

Decision rationale: The MTUS states that exercise is recommended for chronic pain, although there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. The MTUS also recommends aquatic therapy as an optional exercise strategy in cases where land-based exercise or therapy is not tolerated, as it can minimize the effects of gravity, and may be appropriate for a patient that is extremely obese. The MTUS does not specifically address gym memberships. The ODG discusses when a gym membership is recommended for low back injuries. It states that the gym membership is only recommended when a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals, such as a physical therapist for example. Unsupervised exercise programs do not provide any information back to the treating physician, which is required to make adjustments if needed and to prevent further injury. In the case of this worker, there was no evidence of this supervision and specific equipment use being needed. Therefore, the gym membership is not medically necessary.