

Case Number:	CM14-0182648		
Date Assigned:	11/07/2014	Date of Injury:	12/08/2005
Decision Date:	12/16/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/03/2014

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 Occupational 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 (IW) is a 66-year old woman with a date of injury of December 8, 2005. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated November 11, 2014, the IW complains of low back pain described as sharp. She denies any radiating pain, numbness or tingling in the lower extremities. Her pain is aggravated by walking and sitting for extended periods of time. The IW also complains of intermittent neck pain in the cervical-thoracic junction and upper trapezius region. The IW was last seen October 14, 2014 and her most recent urine drug screen dated September 11, 2014 did not detect any illicit drug or alcohol abuse. The IW takes Percocet 5/325mg only as needed. The medication helps bring her pain down from 9-10/10 to a 5/10, which is tolerable. Objective findings include slowed gait, using a single point cane for ambulation. There is tenderness to palpation to the cervical paraspinal muscles. Range of motion is mildly limited in forward flexion, extension, right and left rotation, and right and left lateral bending. Reflexes are 2+ and symmetric bilaterally. The IW has been diagnosed with status post motor vehicle accident with cervical and lumbar spine strains; cervical spine spondylosis; cervical spine status post C5-C7 anterior discectomy and fusion August 16, 2007; Lumbar spine spondylosis with L4-L5 spondylolisthesis; lumbar spine status post L4-S1 anterior fusion with instrumentation June 10, 2008; Lumbar spine L4-L5 pseudo arthritis; lumbar spine status exploration and revision with bilateral lateral fusion and decompression at L4-L5 and L5-S1 with local harvesting and allograft bone with pedicle screw fixation August 11, 2009; gastrointestinal distress/acid reflux; psychological injury with depression and anxiety; and over-active bladder versus detrusor hyperreflexia, mixed urinary incontinence. The IW has used an interferential (IF) unit for 4 years. She used it multiple times a day on a daily basis. The IF reduced her pain by 50% and increased her function. She was able to reduce her medication intake. She is requesting a

replacement IF unit as it is no longer functioning. A traditional TENS unit was trialed in the past, but was not as effective as the IF unit. The IW previously underwent aquatic therapy twice a week for 3 months. The exercises helped her relax and it also increased her strength and mobility. She is unable to tolerate the water exercises at the [REDACTED] pool because the pool water was too cold. She is requesting for a facility with a heated pool so she can continue exercises on her own. The IW also reports that she would like additional aquatic therapy so she can review aquatic exercises and order specific equipment that she may need to continue a self-directed program.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 year [REDACTED] Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back, regarding gym memberships

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 Section, Gym Memberships

Decision rationale: Pursuant to the Official Disability Guidelines, gym memberships are not medically necessary. The guidelines state gym memberships are not recommended as a medical prescription. Treatment needs to be monitored and administered by medical professionals. Gym memberships, health clubs, swimming pools would not generally be considered medical treatment and are not covered under these guidelines. In this case, the treating physician recommended membership to [REDACTED]. Gym memberships are not generally considered medical treatment. Consequently, gym membership is not medically necessary.

Pool therapy 6 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Aquatic Therapy

Decision rationale: Pursuant to the Official Disability Guidelines, pool therapy 6 sessions is not medically necessary. Aquatic therapy is an optional form of exercise therapy as an alternative to land-based physical therapy. Aquatic therapy can minimize the effects of gravity so it is recommended where reduced weight-bearing is desirable, for example extreme obesity. In this case, there is nothing in the medical record suggesting extreme obesity was an issue. The injured worker had three months of aquatic therapy to date. The guidelines also recommend or allow for fading of treatment frequency plus active self-directed home physical medicine. There is nothing

in the medical record as to rationale/ explanation indicating why additional aquatic therapy is required. Consequently, pool therapy six sessions is not medically necessary.

IF-4 Stimulator unit for the neck and lower back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Interferential Stimulation Unit

Decision rationale: Pursuant to the Official Disability Guidelines, Interferential current stimulation (ICS) is not medically necessary. ICS is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with the recommended treatments including return to work, exercise and medications. Neuromuscular electrical stimulation is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. Additional details are available in the ODG. In this case, the injured worker was using ICS for several years. Apparently, the ICS unit stopped working on the injured worker and she needs a replacement device. The medical record does not contain evidence of objective functional improvement but does contain subjective improvement of 50% relayed by the injured worker. There is no documentation that pertains to activities of daily living or return to work. According to the treating physician, the patient has achieved maximal medical improvement and is declared permanent and stationary. Consequently, the interferential current stimulation is not medically necessary.