

Case Number:	CM14-0183014		
Date Assigned:	11/07/2014	Date of Injury:	02/03/2014
Decision Date:	12/26/2014	UR Denial Date:	10/14/2014
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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a male patient with the date of injury of February 3, 2014. A Utilization Review dated October 14, 2014 recommended non-certification of physical therapy with electrostimulation directed at the tibialis posterior nerve to help maintain muscle bulk in the lower extremities 3x6, speech therapy evaluate and treat 2x4, [REDACTED] to learn hand controls to drive his vehicle, and renal ultrasound and modification of Viagra 50mg trail to Viagra 50mg #6. The utilization review determination stated that the patient was discharged from the [REDACTED] [REDACTED] having made good improvement to achieve most of his rehab goals. He could walk up to 40 feet using a front wheel walker with minimal assistance. Noncertification of physical therapy was recommended since the patient had already attended inpatient rehabilitation for approximately one month as well as outpatient physical therapy in June and July with no documentation of the number of sessions completed to date. Additionally, there is lack of documentation of functional improvement with the outpatient physical therapy already provided as well as a statement indicating what specific treatment goals remain. Noncertification of driving school was recommended due to lack of documentation that the patient has been cleared for driving and has the necessary vehicle modifications. A progress report dated September 18, 2014 indicates that the patient underwent a lumbar laminectomy and fusion due to a motor vehicle accident with a spinal cord injury. The patient underwent a stay at a rehabilitation hospital for one month and is now able to ambulate using a walker approximately 90 feet. The patient also has bowel and bladder dysfunction. The patient says that he is not able to sustain an erection. Physical Exam identifies paraplegia. Bilateral lower extremity weakness with 1/5 strength at the plantar flexors and dorsiflexors. The patient has steppage gait pattern with poor control at his ankles. He is able to transfer from sitting to standing and is able to ambulate short distances with the use of a front wheel walker. Abdominal examination shows normal bowel

sounds, and the patient's abdomen is soft, nontender, with no organomegaly. Assessment identifies cauda equina syndrome, closed spinal fracture with cauda equina lesion, sexual disorder, neurogenic bowel, cauda equina syndrome with neurogenic bladder, and paraparesis. The treatment plan recommends physical therapy for electrostimulation and neuromuscular reeducation involving the tibialis posterior nerve to maintain muscle bulk in the lower extremities. The patient will also require an ankle foot orthosis and should be able to advance to an Allard brace once he gains more strength and stability of the ankles. The treatment plan also recommends referral to Santa Barbara driving school, renal ultrasound, and Viagra 50mg trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy with electro stimulation directed at the tibialis posterior nerve to help maintain muscle bulk in the lower extremities three (3) times six (6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Physical Medicine Page(s): 98-99.

Decision rationale: Regarding the request for physical therapy with electro stimulation directed at the tibialis posterior nerve to help maintain muscle bulk in the lower extremities three (3) times six (6), Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of 6 physical therapy visits. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. ODG recommends 16-52 visits of therapy for the treatment of abnormal gait. Within the documentation available for review, it is clear the patient continues to have gait deficits. Additionally, it appears the patient has made substantial progress since being in a rehabilitation program and outpatient physical therapy. However, it is unclear how many sessions of therapy the patient has already undergone. Furthermore, it is unclear whether the patient is able to gain strength in the tibialis posterior muscle. The patient continues to have 1/5 strength and has undergone what appears to be 3 months of rehabilitation thus far. If the patient has made no strength gains in that area thus far, then the use of an ankle foot orthosis or other brace may be a better option for this patient to improve safety and functionality. In the absence of clarity regarding those issues, the currently requested physical therapy is not medically necessary.

Speech therapy evaluate and treat 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (head chapter), Speech therapy (ST)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Speech therapy

Decision rationale: Regarding the request for speech therapy evaluate and treat 2x4, California MTUS does not address the issue. ODG states the criteria for speech therapy includes: A diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; Documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months; and The level and complexity of the services requested can only be rendered safely and effectively by a licensed speech and language pathologist or audiologist. Within the documentation available for review, there is no mention of diagnosis of a speech, hearing, or language disorder resulting from injury, trauma, or a medically based illness or disease; Clinically documented functional speech disorder resulting in an inability to perform at the previous functional level; and an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. In the absence of such documentation, the currently requested speech therapy evaluate and treat 2x4 is not medically necessary.

Driving school to learn hand controls to drive vehicle: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Regarding the request for driving school to learn hand controls to drive vehicle, California MTUS and ODG do not address the issue. A thorough search of the National Library of Medicine and National Guideline Clearinghouse revealed no criteria for the use of a driving school. Following a spinal cord injury, training in the use of hand controls is an important step in the rehabilitative process to achieve functional independence. However, it is unclear whether the patient has been cleared for driving and has a vehicle which can accommodate hand controls. Additionally, the current request for "driving school" is an open-ended request. Guidelines do not support the open-ended application of any treatment modality. Although an initial consultation with a driving school, or even a one month trial period may be reasonable, there is no provision to modify the current request. In the absence of clarity regarding the above issues, the currently requested driving school is not medically necessary.

Renal Ultrasound: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.acr.org/-/media/eb>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.urologyclinic.com/html/renal_ultrasound.html

Decision rationale: Regarding the request for renal ultrasound, California MTUS and ODG do not address the issue. Guidelines identify the indications for renal ultrasound include Renal insufficiency; Neurogenic bladder; Urinary retention; Hydronephrosis; History of complex urinary tract infection; Evaluation of kidney size and growth; and Vesicoureteral reflux. Within the documentation available for review, the patient has a diagnosis of neurogenic bladder due to a spinal cord injury. The use of renal ultrasound to identify whether the neurogenic bladder has caused any kidney dysfunction is a reasonable treatment option. Therefore, the currently requested renal ultrasound is medically necessary.

Viagra 50mg trial:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110-111.

Decision rationale: Regarding the request for Viagra, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The national Library of medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, the patient is noted to have erectile dysfunction; therefore a trial of Viagra would be reasonable. Unfortunately, the current request for Viagra trial" does not include a duration of the trial or even the number of pills being prescribed. The request was appropriately modified during utilization review to allow for 6 pills. Unfortunately, there is no provision for modification at this time. As such, the currently requested Viagra is not medically necessary.