

Case Number:	CM14-0214510		
Date Assigned:	01/07/2015	Date of Injury:	06/29/2009
Decision Date:	03/26/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: California
 Certification(s)/Specialty: Family Practice

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 patient is a 54 year-old man who was injured at work on 6/29/2009. The injury was primarily to his back. He is requesting review of denial for the following: Referral to a Neurosurgeon; Liver Function Test; and Additional Aqua Therapy for the Lumbar Spine. Medical records corroborate ongoing care for his injuries. His last documented office visit in the records was on 12/1/2014. The chronic diagnoses in the records include the following: Failed Low Back Pain Syndrome; Status Post L4-5 and L5-S1 Fusion; Lumbar Radiculopathy; and Complex Regional Pain Syndrome/Left Leg. At this visit he presented in follow-up for failed lower back pain syndrome that was complicated by Complex Regional Pain Syndrome. He described continued pain in his back. He has been treated with medications to include: MS Contin, Norco, Lyrica, Docusate, Senna, Welbutrin and Flexeril. He has also been treated with a spinal stimulator. He was interested in getting a spinal pain pump trial and his provider recommended referral to see a spine surgeon for another evaluation before considering a spinal pain pump. Finally, the patient noted that he was benefitting from Aqua therapy and was requesting additional treatments. In the Utilization Review process MTUS/ACOEM Guidelines were cited in the request for a referral to a Neurosurgeon. The rationale for denial was that the ACOEM guidelines state that referral to other specialists may be done if a diagnosis is uncertain or extremely complex or when the plan or course of care may benefit from additional expertise. In this case there are no specific objective findings to indicate that specialist consultation would be warranted. The patient is interested in a spinal pain pump; however there is no indication of failed opioids or all conservative measures. The MTUS/Chronic Pain Medical Treatment

Guidelines were cited in the request for additional Aqua Therapy. The rationale for the denial is that there was no documentation provided on how many visits were previously completed or evidence to identify objective benefit. Regarding the request for liver function testing, the rationale for denial is that the records do not include an indication to monitor for liver disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to a Neurosurgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Independent Medical Examination and Consultations regarding Referrals, Chapter 7

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The MTUS/ACOEM Guidelines comment on the evaluation and management of patients with low back complaints. Within these guidelines are the criteria used to determine if a patient's condition warrants referral to a neurosurgeon. The patient should have evidence of "red flags" for potentially serious low back conditions. These are described in Table 12-1 (Pages 289-90). The patient should be referred to a surgeon should there be evidence of severe neurologic compromise (Page 296). Table 12-4 describes the non-red flag conditions that can be managed by the primary treating physician (Pages 296-7). Finally, Table 12-8 describes the management of patients with continued symptoms and the criteria for surgical consideration (Page 310). In this case, there is no evidence provided in the medical records that the patient has any of the cited MTUS red flag signs or symptoms. Further, there is no evidence of severe neurologic compromise that warrants surgical referral. The diagnoses provided in the records are those that may be managed by the primary treating physician. Finally, there is no documentation provided that indicates the patient meets the criteria (Table 12-8) for surgical consultation. For all of these reasons a Neurosurgery referral is not considered as medically necessary at this time.

Liver Function Test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.cigna.com/healthinfo/tr6148.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-To-Date/Common Liver and Biochemical Function Tests (<http://www.uptodate.com/contents/approach-to-the-patient-with-abnormal-liver-biochemical-and-function-tests?source=preview&search=%2Fcontents%2Fsearch&anchor=H50#H19402151>).

Decision rationale: The MTUS and Official Disability Guidelines do not comment on the performance of liver function tests. The reference source, Up-To-Date, does have a chapter on common liver biochemical and functions tests. These tests are performed for the following

reasons:COMMON LIVER BIOCHEMICAL AND FUNCTION TESTS:Blood tests commonly obtained to evaluate the health of the liver include liver enzyme levels, tests of hepatic synthetic function, and the serum bilirubin level. Elevations of liver enzymes often reflect damage to the liver or biliary obstruction, whereas an abnormal serum albumin or prothrombin time may be seen in the setting of impaired hepatic synthetic function. The serum bilirubin in part measures the liver's ability to detoxify metabolites and transport organic anions into bile. Liver enzymes that are commonly measured in the serum include:Serum aminotransferases: alanine aminotransferase (ALT, formerly called SGPT) and aspartate aminotransferase (AST, formerly called SGOT).Alkaline phosphatase.Gamma-glutamyl transpeptidase (GGT).5'-nucleotidase.Lactate dehydrogenase (LDH).In this case there is no evidence provided in the medical records that the patient has a condition involving his liver that requires ongoing monitoring with the above cited laboratory tests. There is no indication in the records that the patient has signs or symptoms of liver disease. Under these conditions, liver function tests are not medically necessary.

Additional Aqua Therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy; Physical Medicine Page(s): 22; 98-99.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Aquatic Therapy as a treatment modality. These guidelines state the following: Aquatic therapy Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine. Physical Medicine Guidelines -Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks.Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): 8-10 visits over 4 weeks.Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks.In this case, it is well-documented that the patient has been engaged in aqua therapy. However, it is not stated how many sessions the patient has completed and whether outcomes for these sessions have been monitored (i.e. functional improvement and pain control). Finally, the request does not specify the condition that is targeted with aqua therapy. For these reasons, the request for additional aqua therapy is not considered as medically necessary.