

Case Number:	CM15-0010234		
Date Assigned:	01/27/2015	Date of Injury:	04/20/2000
Decision Date:	07/14/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57 year old female, who sustained an industrial injury on April 20, 2000. She reported neck pain, low back pain and bilateral hip pain. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, rotator cuff tear, lumbar spondylosis without myelopathy, cervical radiculopathy, carpal tunnel surgery, bunionectomy of the left foot, right knee surgery, pericardial window, a second right knee surgery, a spinal cord stimulator implantation, spinal cord explanation and spinal cord re-implantation in 2012, left hand surgery, cervical fusion, additional left hand surgery, shoulder surgery of the left shoulder and right shoulder surgery. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions, physical therapy, conservative care, medications and work restrictions. Currently, the injured worker complains of continued pain in the neck, low back and bilateral hips. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on November 3, 2014, revealed continued pain as noted. She reported benefit with the spinal cord stimulator and noted she could not finish previous physical therapy secondary to increased pain. She noted failing multiple medication trials in the past as well. Bilateral facet joint blocks of the lumbar spine, a neck pillow and a gym membership was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Facet Blocks L3-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp. online edition: Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks).

Decision rationale: The injured worker sustained a work related injury on April 20, 2000. The medical records provided indicate the diagnosis of low back pain, lumbar degenerative disc disease, rotator cuff tear, Lumbar radiculopathy, lumbar spondylosis without myelopathy, cervical radiculopathy, carpal tunnel surgery, bunionectomy of the left foot, right knee surgery, pericardial window, a second right knee surgery, a spinal cord stimulator implantation, spinal cord explanation and spinal cord re-implantation in 2012, left hand surgery, cervical fusion, additional left hand surgery, shoulder surgery of the left shoulder and right shoulder surgery. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions, physical therapy, conservative care, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Bilateral Facet Blocks L3-S1. The MTUS recommends against facet joint injections; the Official Disability Guidelines states the Facet joint intra-articular injections (therapeutic blocks) are under study; associated with conflicting results, but for it to be allowed, there should be no evidence of radicular pain, spinal stenosis, or previous fusion. The Diagnosis in this injured worker includes Lumbar radiculopathy. The request is not medically necessary.

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 Treatment in Workers' Comp. online edition: Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

Decision rationale: The injured worker sustained a work related injury on April 20, 2000. The medical records provided indicate the diagnosis of low back pain, lumbar degenerative disc disease, rotator cuff tear, lumbar spondylosis without myelopathy, cervical radiculopathy, carpal tunnel surgery, bunionectomy of the left foot, right knee surgery, pericardial window, a second right knee surgery, a spinal cord stimulator implantation, spinal cord explanation and spinal cord re-implantation in 2012, left hand surgery, cervical fusion, additional left hand surgery, shoulder surgery of the left shoulder and right shoulder surgery. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions, physical therapy,

conservative care, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Cervical Pillow. The MTUS is silent on this, but the Official Disability Guidelines recommends use of cervical pillow if combined with exercise program. The medical records indicate the injured worker has been enrolled in an exercise program, but the request was denied for lack of documentation of findings in neck examination, and outcome of previous treatments. The MTUS recommends the evaluation of the occupational medicine patient include a thorough history and physical examination, and that subsequent management be done in the context of the evaluation. The request is not medically necessary.

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 Treatment in Workers' Comp. online edition: Low Back-Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Gym memberships.

Decision rationale: The injured worker sustained a work related injury on April 20, 2000. The medical records provided indicate the diagnosis of low back pain, lumbar degenerative disc disease, rotator cuff tear, lumbar spondylosis without myelopathy, cervical radiculopathy, carpal tunnel surgery, bunionectomy of the left foot, right knee surgery, pericardial window, a second right knee surgery, a spinal cord stimulator implantation, spinal cord explanation and spinal cord re-implantation in 2012, left hand surgery, cervical fusion, additional left hand surgery, shoulder surgery of the left shoulder and right shoulder surgery. Treatment to date has included diagnostic studies, radiographic imaging, multiple surgical interventions, physical therapy, conservative care, medications and work restrictions. The medical records provided for review do not indicate a medical necessity for Gym Membership. The MTUS is silent on gym membership but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. The Official Disability Guidelines does not recommend gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. The request is not medically necessary.