

Case Number:	CM15-0115898		
Date Assigned:	06/26/2015	Date of Injury:	03/16/2012
Decision Date:	09/01/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/16/2015

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: New York
 Certification(s)/Specialty: Pediatrics, Internal 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 46 year old female, who sustained an industrial injury on 03/16/2012. She has reported subsequent neck, ankle and low back pain and was diagnosed with cervical, lumbosacral and ankle sprain/strain and cervical and lumbosacral radiculopathy. Treatment to date has included medication and exercise. In a progress note dated 04/27/2015, the injured worker complained of left ankle, back, neck, upper back and right shoulder blade pain. In a progress note dated 05/26/2015, the injured worker complained of low backache in the bilateral lumbar spine, midline with stiffness, pain and low back spasm which had remained unchanged from the previous visit. Objective findings on 04/27/2015 were notable for tender points diffusely located over the axial spine and shoulders and pain in the left ankle on palpation. Objective findings on 05/26/2015 were notable for tenderness to palpation of the paravertebral muscles with tenderness and tenderness over the thoracolumbar junction. A request for authorization of physical therapy 6 sessions (2x3) for the low back, TENS unit for home use for the left shoulder, neck, low back, left foot and ankle, acupuncture 4 visits (1x4) for the neck, low back, left shoulder, left foot and ankle, ergonomic evaluation for zero gravity chair and Prilosec 20 mg #30 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy six (6) sessions (2x3) low back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Problems, Physical Therapy.

Decision rationale: As per CA MTUS guidelines for physical medicine "Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." As per Official Disability Guidelines, "there is strong evidence that physical methods, including exercise and return to normal activities, have the best long-term outcome in employees with low back pain and recommended treatment duration for a diagnosis of lumbar sprains and strains is 10 visits over 8 weeks." The documentation submitted indicates that the injured worker had experienced chronic low back pain and was given diagnoses of lumbosacral sprain/strain and lumbosacral radiculopathy. Objective findings did show tenderness of the lumbar spine. Although the guidelines indicate that physical therapy as a treatment modality can be very effective for treatment of chronic low back pain, there was no discussion as to the severity of the injured worker's pain or any indication as to which other conservative treatments including medications, had been attempted prior to the request for physical therapy. There is also no indication as to whether the injured worker had been prescribed physical therapy in the past or the effectiveness of any therapy provided. Therefore, the documentation submitted is insufficient to support the request for physical therapy 6 sessions (2x3) for the low back and is found not medically necessary.

TENS Unit for home use, left shoulder, neck, low back, left foot and ankle.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Criteria for the use of TENS Page(s): 114-116.

Decision rationale: As per CA MTUS guidelines, for TENS unit for chronic pain, this device is "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration." MTUS further indicates that "TENS unit may be used for chronic intractable pain due to neuropathic pain, chronic regional pain syndrome, phantom limb pain, spasticity and multiple sclerosis provided there is documentation of pain that is three months in duration, evidence that other appropriate pain modalities have been tried and failed, documentation of a one-month trial period of TENS unit and other ongoing pain treatment and a treatment plan with specific short and long term goals with the TENS unit." The documentation

submitted indicates that the injured worker was diagnosed with cervical, lumbosacral and ankle sprain/strain and cervical and lumbosacral radiculopathy. TENS unit was being requested for treatment of left shoulder, neck, low back, left foot and ankle pain. The most recent progress notes do not document the severity of the injured worker's pain and there is no documentation of intractable pain. There is also no evidence that other appropriate pain modalities had been tried and failed. Goals of treatment with TENS unit were not documented. Therefore, the request for authorization of TENS unit for home use for the left shoulder, neck, low back, left foot and ankle is not medically necessary.

Ergonomic Evaluation for zero gravity chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd edition, Chapter 4, Work-relatedness.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 5-6.

Decision rationale: As per ACOEM primary prevention guidelines, "The primary prevention of work-related disorders depends on the reduction or elimination of exposure to factors causally associated with those disorders in individuals susceptible to such stressors. In the past, emphasis has been placed on risk factors that are physical in nature, such as force, repetition, posture, vibration, lighting, terminal design, and posture. The primary prevention of work-related complaints thus depends on reducing exposure to physical, personal, and psychosocial stressors. For example, engineering controls, including ergonomic workstation evaluation and modification, and job redesign to accommodate a reasonable proportion of the workforce may well be the most cost-effective measures in the long run." The physician notes in the most recent progress note that a request for ergonomic evaluation for zero gravity chair for home and one for work once the injured worker returned to work was being submitted. There was no discussion of a return to work plan or any documentation as to why the ergonomic evaluation was necessary at the present time. The most recent progress note indicates that the injured worker was temporarily totally disabled. Therefore, the request for authorization of an ergonomic evaluation for zero gravity chair is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal risk factors should be determined. Recommendations indicate that patients are at high risk for these events if "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-

dose ASA)." As per Official Disability Guidelines (ODG), proton pump inhibitor medication "is recommended for patients at risk for gastrointestinal events and in general use should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time." There is no discussion that indicates the reason for the prescription of Prilosec nor is there any indication that the injured worker is at increased risk for gastrointestinal events. There is no evidence that the injured worker was taking NSAID medications, the injured worker was not greater than 65 years of age and there was no documented history of gastrointestinal bleeding or peptic ulcers. There is also no documentation of any subjective gastrointestinal complaints or abnormal objective gastrointestinal examination findings. Therefore, the request for authorization of Prilosec 20 mg #30 is not medically necessary.

Acupuncture four (4) visits (1x4), neck, low back, left shoulder, left foot and ankle: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, "Acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef)." The documentation submitted indicates that 4 sessions of acupuncture were being requested for the left shoulder, neck, low back and left foot/ankle. There was no documentation of the severity of the injured worker's pain in the most recent progress notes nor was there documentation of intolerance or planned reduction of pain medication. In addition, there is no indication as to whether the injured worker had undergone acupuncture treatments in the past and if so how many sessions the injured worker had received and the effectiveness of treatment. Therefore, the request for authorization of acupuncture 4 visits (1x4) for the neck, low back, left shoulder, left foot and ankle is not medically necessary.