

Case Number:	CM15-0118961		
Date Assigned:	07/02/2015	Date of Injury:	06/18/2014
Decision Date:	12/11/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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: California, Indiana, Oregon
Certification(s)/Specialty: Orthopedic Surgery

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 55 year old female, who sustained an industrial injury on 6/18/14. She reported she heard a pop and then experienced a sudden onset of low back. Treatment to date has included medication, x-ray, MRI, CT scan, steroid injection and physical therapy. Currently, the injured worker complains of low back pain, with left greater than right, and is rated 6-7/10 and constant. Her pain is exacerbated by sitting, prolonged standing and walking, certain movements, coughing and sneezing. She reports sleep disturbance due to her pain. The injured worker is currently diagnosed with acute and chronic lumbar pain, lumbar osteoarthritis, spinal stenosis, degenerative disc disease and left SI joint strain. Her work status is currently temporary and totally disabled. A note dated 10/31/14 states the injured worker engaged in physical therapy, but did not experience any efficacy. On examination there is tenderness noted in her low back. A note dated 12/5/14 states the injured worker received good efficacy from the steroid injection and was able to advance her work status. A 3/22/15 note states the injured worker has experienced a gradual increase in symptoms since the industrial injury. She does however; report a 50% relief in pain with Ibuprofen. The following treatments/medication and consult are being requested; aqua therapy, swimming, tilt table, CT guided epidural steroid injection, MRI of the SI joint, acupressure, acupuncture, massage therapy, Norco 10/325 mg and a neurosurgery consult in an effort to provide the injured worker with a continued effort to alleviate her chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatherapy 2 x per week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, 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. In this case, the exam notes do not demonstrate prior response to either land or water therapy. Therefore, further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore, the request is not medically necessary.

Swimming: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22: 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. In this case, the exam notes do not demonstrate prior response to either land or water therapy. Therefore, further visits have not been demonstrated, as there is a lack of functional improvement demonstrated. Therefore, the request is not medically necessary.

Tilt table: Upheld

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

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.

Decision rationale: CAMTUS/ACOEM is silent on home traction or tilt table. ODG low back is referenced. Not recommended using powered traction devices, but home-based patient

controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. In this case, there is no evidence that the traction is part of a comprehensive conservative treatment including home exercise program. The request is not medically necessary.

CT guided epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 46: "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy)." Specifically the guidelines state that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In addition, there must be demonstration of unresponsiveness to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). In this case, the exam notes cited do not demonstrate a clear evidence of a dermatomal distribution of radiculopathy nor is the level of injection specified. Therefore, the request is not medically necessary.

MR SI joint: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

Decision rationale: According to CA MTUS/ (ACOEM), 2nd edition (2004), page 303, Low Back Complaints, Chapter 12, which is part of the California Medical Treatment Utilization Schedule. It states, "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminant imaging will result in false-positive findings, such as disk bulges, that are not the source of painful symptoms and do not warrant surgery. If physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause (magnetic resonance imaging [MRI] for neural or other soft tissue, computer tomography [CT] for bony structures)." In this particular patient, there is no indication of criteria for an MRI based upon physician documentation or physical examination findings from the exam note of red flag

symptoms or findings. There is no rationale how the study will guide treatment. The request is not medically necessary.

Acupressure: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture and acupressure can be recommended by the CAMTUS. In this case, 6 sessions were recommended and approved in the past. There is no documentation of the effect of these sessions, so clear functional benefit cannot be established. The request is not medically necessary.

Acupuncture: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: Acupuncture and acupressure can be recommended by the CAMTUS. In this case, 6 sessions were recommended and approved in the past. There is no documentation of the effect of these sessions, so clear functional benefit cannot be established. The request is not medically necessary.

Massage: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: CA MTUS chronic pain treatment guidelines, massage therapy page 60, states; "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results." In this case, there is no response to other passive treatment documented (acupuncture and acupressure). As there is no documentation of comprehensive self-care like home exercise program, the request is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. In this case, there is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity due to medications. Therefore, the request is not medically necessary.

Neurosurgery consult: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. Therefore, the cited guidelines criteria have not been met and the request is not medically necessary.