

Case Number:	CM15-0174391		
Date Assigned:	09/16/2015	Date of Injury:	07/06/2006
Decision Date:	11/06/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/04/2015

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: Arizona, Michigan

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 40-year-old female, with a reported date of injury of 07-06-2006. The diagnoses include oropharyngeal dysphagia, recurrent heartburn and regurgitation, epigastric pain on intermittent NSAID (non-steroidal anti-inflammatory drug) use, lumbar discogenic pain at L4-5, failed back syndrome, possible bilateral lumbar facet pain, and bilateral lumbosacral radicular pain. Treatments and evaluation to date have included an esophagogastroduodenoscopy on 02-25-2015, lumbar fusion on 04-04-2009 (failed), a lumbar hardware block on 01-22-2013, oral medications, topical pain medications, acupuncture, and chiropractic physical therapy. The diagnostic studies to date have included an MRI of the lumbar spine on 02-11-2014 which showed disc desiccation at L4-5 and L5-S1 with associated loss of disc height at these levels, a hemangioma at L1, myospasm, and broad-based posterior disc herniation at L4-5 and L5-S1 with concurrent hypertrophy of facet joints. The narrative re-evaluation report dated 07-30-2015 indicates that the injured worker was declared permanent and stationary on 11-04-2010. She complained of slight-to-moderate constant low back pain with radiation into both lower extremities. It was noted that her pain was limiting her activities. It was noted that the injured worker had an MRI of the lumbar spine on 07-09-2012, and a CT scan of the lumbar spine on 10-01-2012. The injured worker stated that after undergoing a CT myelogram, she developed dizziness, fainting episodes, ringing of the left ear, headache, and numbness in the back of her head and neck. The physical examination showed a slow, guarded, non-limping, and non-favoring gait; normal cervical spine movements; tenderness of the bilateral lumbar paravertebral muscle; tenderness of the bilateral lumbar facet at L4-5 and L5-S1; pain thoracic and

lumbar spine movements; positive bilateral straight leg raise tests and Lasegue's; and mild weakness of the right lower extremity due to pain. The treating physician recommended an independent program at a pool, and an evaluation by a Neurologist for the headaches. The request for authorization was dated 07-30-2015. The treating physician requested a gym membership for pool, a sleep study, an evaluation by a Neurologist, and re- evaluation in 6-8 weeks. On 08-26-2015, Utilization Review (UR) non-certified the request for a gym membership for pool, a sleep study, an evaluation by a Neurologist, and modified the request for re-evaluation in 6-8 weeks to re-evaluation in 12 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership for pool: Upheld

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

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 / gym membership.

Decision rationale: The MTUS did not specifically address the issue of gym membership therefore other guidelines were consulted. Per the ODG, gym memberships are "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision". A review of the injured workers medical records does not reveal extenuating circumstances that would warrant deviating from the guidelines. Therefore the request for Gym membership for pool is not medically necessary.

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtec/pain.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Polysomnography.

Decision rationale: The MTUS did not address the use of sleep studies therefore other guidelines were consulted. Per the ODG, polysomnography is "recommended after at least six months of an insomnia complaint (at least four nights a week), unresponsive to behavior intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been

excluded. Not recommended for the routine evaluation of transient insomnia, chronic insomnia, or insomnia associated with psychiatric disorders." The ODG "Criteria for Polysomnography Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); (6) Sleep-related breathing disorder or periodic limb movement disorder is suspected; (7) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended; (8) Unattended (unsupervised) home sleep studies for adult patients are appropriate with a home sleep study device with a minimum of 4 recording channels (including oxygen saturation, respiratory movement, airflow, and EKG or heart rate)." A review of the injured workers medical records that are available to me do not reveal documentation that supports that the injured worker meets the criteria for sleep study according the guidelines, without this information, it is not possible to determine medical necessity, therefore the request for sleep study is not medically necessary.

Evaluation by neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgtec/head.htm>.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per the MTUS/ACOEM "Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan." Unfortunately a review of the injured workers medical records did not reveal a clear rationale for this referral and without this information medical necessity is not established.

Re-evaluation in 6 to 8 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Knee Complaints 2004, and Ankle and Foot Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Lumbar & Thoracic (Acute & Chronic) / office visits.

Decision rationale: Per the MTUS/ ACOEM "Patients whose low back symptoms may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can

counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that patients are fully involved in their recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working. Per the ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible." A review of the injured workers medical records reveal that the injured worker is still undergoing treatment for low back pain and re-evaluation is appropriate, therefore the request for re-evaluation in 6 to 8 weeks is medically necessary.