

Case Number:	CM15-0174450		
Date Assigned:	09/16/2015	Date of Injury:	01/21/2014
Decision Date:	10/16/2015	UR Denial Date:	08/24/2015
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: California

Certification(s)/Specialty: Emergency 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 37-year-old male, who sustained an industrial injury on 1-21-14. The injured worker was diagnosed as having chronic low back pain with referred pain left leg-right thigh; lumbosacral ligament sprain; sciatica. Treatment to date has included chiropractic therapy; lumbar epidural steroid injection (ESI) (x2-5-8-14); Toradol injection (8-15-14); medications. Diagnostics studies included MRI lumbar spine (2-7-14; 1-15-15). Currently, the PR-2 notes dated 8-7-15 indicated the injured worker presents for an evaluation of low back pain. The provider reviews the injured workers treatment to date, which has included medications, lumbar epidural steroid injection (5-8-14) with benefit for a few days. Chiropractic therapy and aquatic therapy with no long term benefit. The provider as documents objective findings: "sitting looking mildly uncomfortable; musculoskeletal examination notes "no posterior spinous tenderness to palpation. TL ROM moderately limited for flex and mildly limited for ext, but patient reports more midline LBP at end range of flexion. Mobility slows, but functional." On his neuro examination the provider documents: "motor control intact in the lower extremities. Sit to stand in tandem with fair power. Heel and toe walk intact bilat. Reflexes left and 2 for biceps, one for the quadriceps, 2 for the gastrocnemii. Reported low back discomfort with sitting straight leg raise on the left more so than the right." A MRI of the lumbar spine dated 2-7-14 is documented by the provider revealing an impression of "1) L4-L5 central disc extrusion unchanged since prior MRI of April 2012. 2) L5-S1 central disc extrusion unchanged since prior MRI of April 2012." Another MRI of the lumbar spine was done and dated 1-15-15 report documents an impression revealing: "Degenerative disc disease, L3-4 through L5-S1. Annular tears at L4-5 and

L5-S1 with 3mm (AP) central disc protrusion at L5-S1; no stenosis." The provider's treatment plan documents the "Patient has persistent symptoms from lumbar disc with left L4 versus L5 nerve root irritation and intermittent paraspinal spasm. Had anesthesia pain consult schedule 3-28-14 and received for an ESI 5-8-14 (second lifetime) and reported several days relief then-2 weeks later sign increase pain. Has neurosurgical consult 5-23-14 and offered left L4-5 microdiscectomy, but wanted to try chiro treatment first, but found they flared up his pain and stopped. He is unable to work at this time. Had flare-up of LBP and LLE sciatica in Fall 2014 and tried oral steroid without relief. Still apprehensive regarding surgery." The provider notes he refilled the injured worker's Relafen. A Request for Authorization is dated 9-4-15. A Utilization Review letter is dated 8-24-15 and non-certification was for Functional restoration program and pool rehabilitation program 3-5 times per week for 3 months (total of 60 sessions). Utilization Review non-certified the requested treatment(s) for not meeting the CA MTUS Chronic Pain Medical Treatment and the ODG Guidelines. The provider is requesting authorization of Functional restoration program and Pool rehabilitation program 3-5 times per week for 3 months (total of 60 sessions).

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration program: 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): Functional restoration programs (FRPs).

Decision rationale: The requested Functional restoration program is not medically necessary. CA MTUS Chronic Pain Medical Treatment Guidelines, Pg. 49, Functional restoration programs (FRPs), note that functional restoration programs are "Recommended, although research is still ongoing as to how to most appropriately screen for inclusion in these programs," and note "These programs emphasize the importance of function over the elimination of pain," and that treatment in excess of 20 full-day sessions "requires a clear rationale for the specified extension and reasonable goals to be achieved." The treating physician has documented the "Patient has persistent symptoms from lumbar disc with left L4 versus L5 nerve root irritation and intermittent paraspinal spasm. Had anesthesia pain consult schedule 3-28-14 and received for an ESI 5-8-14 (second lifetime) and reported several days relief then-2 weeks later sign increase pain. Has neurosurgical consult 5-23-14 and offered Left L4-5 microdiscectomy, but wanted to try chiro treatment first, but found they flared up his pain and stopped. He is unable to work at this time. Had flare-up of LBP and LLE sciatica in Fall 2014 and tried oral steroid without relief. Still apprehensive regarding surgery." CA MTUS 2009 Chronic Pain Treatment Guidelines recommend a functional restoration program with satisfaction of specifically identified qualification criteria, all of which must be satisfied for approval of such a program and "Recommended where there is access to programs with proven successful outcomes, for patients with conditions that put them at risk of delayed recovery". Satisfaction of all of these criteria is not currently documented (including non-surgical candidacy, significant functional

loss, positive motivation, and addressed negative predictors of success). The criteria noted above not having been met, functional restoration program is not medically necessary.

Pool rehabilitation program 3-5 times per week for 3 months (total of 60 sessions): 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, Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic(Acute & Chronic), Gym Memberships.

Decision rationale: The requested pool rehabilitation program 3-5 times per week for 3 months (total of 60 sessions), is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Exercise, Pages 46-47, note that exercise is "Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen." Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic), Gym Memberships, note that 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. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient." Chronic Pain Medical Treatment Guidelines, Aquatic Therapy, page 22, note that aquatic therapy is "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." The treating physician has documented the "Patient has persistent symptoms from lumbar disc with left L4 versus L5 nerve root irritation and intermittent paraspinal spasm. Had anesthesia pain consult schedule 3-28-14 and received for an ESI 5-8-14 (second lifetime) and reported several days relief then-2 weeks later sign increase pain. Has neurosurgical consult 5-23-14 and offered Left L4-5 microdiscectomy, but wanted to try chiro treatment first, but found they flared up his pain and stopped. He is unable to work at this time. Had flare-up of LBP and LLE sciatica in Fall 2014 and tried oral steroid without relief. Still apprehensive regarding surgery." The treating physician has not documented failed home exercise or specific equipment needs that support the medical necessity for a gym membership. The treating physician has not documented failed land-based therapy nor the patient's inability to tolerate a gravity-resisted therapy program. The treating physician has not documented neither monitored attendance nor objective evidence of derived functional benefit from completed gym usage, such as improvements in activities of daily living, or reduced work restrictions, or decreased reliance on medical intervention. The criteria noted above not having been met, pool rehabilitation program 3-5 times per week for 3 months (total of 60 sessions) is not medically necessary.