

Case Number:	CM15-0177858		
Date Assigned:	09/18/2015	Date of Injury:	05/03/2003
Decision Date:	11/09/2015	UR Denial Date:	08/15/2015
Priority:	Standard	Application Received:	09/09/2015

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: 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 53 year old male, who sustained an industrial injury on 5-23-2003. Medical records indicate the worker is undergoing treatment for lumbar spine fusion with hardware removal, spinal stenosis, bilateral foraminal stenosis and reactive depression-anxiety. A recent progress report dated 7-21-2015, reported the injured worker complained of low back pain. Physical examination revealed lumbar and lumbar paraspinal tenderness, difficulty rising from a seated position, a kyphotic posture and ambulates with a cane. Lumbar range of motion was flexion 25 degrees, extension 5 degrees, left lateral tilt 5 degrees, right lateral tilt 10 degrees and left and right rotation was 10 degrees. Treatment to date has included chiropractic care, physical therapy and medication management. The most recent computed tomography scan was in 2013 and showed lumbosacral status post discectomy and fusion, degenerative changes at lumbar 3-4 and bilateral foraminal stenosis at lumbar 5-sacral 1. The physician is requesting 12 sessions of aqua therapy, lumbar computed tomography scan, lumbosacral orthotic brace and a urine drug screen. On 8-14-2015, the Utilization Review modified the request for 12 sessions of aqua therapy to 6 sessions and noncertified a request for lumbar computed tomography scan, lumbosacral orthotic brace and a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of the lumbar spine: Upheld

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

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

Decision rationale: As per MTUS/ ACOEM - 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, computed tomography [CT] for bony structures). Relying solely on imaging studies to evaluate the source of low back and related symptoms carries a significant risk of diagnostic confusion (false positive test results) because of the possibility of identifying a finding that was present before symptoms began and therefore has no temporal association with the symptoms. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. As per progress notes submitted in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs, and the treating provider's notes do not indicate any concerning changes in neurological exam. The requested treatment of a CT scan of the lumbar spine is not medically necessary.

12 sessions of aqua therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter-Aquatic therapy.

Decision rationale: Both MTUS and ODG recommend Aquatic Therapy 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. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. Within the submitted medical records it is not clear if this injured worker had prior Aquatic Therapy and what was the functional improvement. Also 12 sessions of aqua therapy exceed the guidelines. The Requested Treatment: 12 sessions of aqua therapy is not medically necessary.

LSO brace: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter- Lumbar & Thoracic Acute & Chronic -Lumbar supports.

Decision rationale: As per MTUS-ACOEM lumbar supports have not been shown to have any lasting benefit beyond the acute phase of low back pain. Official Disability Guidelines (ODG) does not recommend it for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. Lumbar supports do not prevent LBP. A systematic review on preventing episodes of back problems found strong, consistent evidence that exercise interventions are effective and other interventions not effective, including stress management, shoe inserts, back supports, ergonomic/back education, and reduced lifting programs. This systematic review concluded that there is moderate evidence that lumbar supports are no more effective than doing nothing in preventing low-back pain. Official Disability Guidelines (ODG) Recommends it as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. Acute osteoporotic vertebral compression fracture management includes bracing, analgesics, and functional restoration. Medical Records of the injured worker indicate chronic low back pain. As per review of submitted medical records and Guidelines cited, the requested treatment: LSO brace is not medically necessary and appropriate.

Urine toxicology: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing (UDT).

Decision rationale: This request for urine drug test is evaluated in light of the Official Disability Guidelines (ODG) for Urine Drug Testing (UDT). ODG state (1) UDT is recommended at the onset of treatment of a new patient who is already receiving a controlled substance or when chronic opioid management is considered. Urine drug testing is not generally recommended in acute treatment settings (i.e. when opioids are required for nociceptive pain). (2) In cases in which the patient asks for a specific drug. This is particularly the case if this drug has high abuse potential, the patient refuses other drug treatment and/or changes in scheduled drugs, or refuses generic drug substitution. (3) If the patient has a positive or "at risk" addiction screen on evaluation. This may also include evidence of a history of comorbid psychiatric disorder such as depression, anxiety, bipolar disorder, and/or personality disorder. See Opioids,

screening tests for risk of addiction & misuse. (4) If aberrant behavior or misuse is suspected and/or detected. Review of Medical Records show the injured worker's prior drug screen results did not indicate substance abuse, noncompliance, or aberrant behavior. This injured worker had drug screen recently. The treating provider does not provide any documentation about the need for Urine Toxicology. Guidelines are not met, therefore, the request is not medically necessary.