

Case Number:	CM15-0178021		
Date Assigned:	09/18/2015	Date of Injury:	03/09/2000
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/10/2015

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:

This is a 53 year old female with a date of injury of March 9, 2000. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain left greater than right, chronic bilateral knee pain, chronic left shoulder pain, and left wrist injury that is fully resolved. Medical records dated May 8, 2015 indicate that the injured worker complains of chronic lower back pain, chronic bilateral hand and wrist pain, more persistent left wrist pain, and lower back pain that travels to the right hip and buttock area. Records also indicate medications allow the injured worker to be more active and complete activities of daily living. A progress note dated August 17, 2015 notes subjective complaints of chronic lower back pain, chronic bilateral hand and knee pain, improved sciatic pain, and pain rated at a level of 8 out of 10 that goes down to 3 out of 10 with the use of Norco and Naprosyn. Per the treating physician (May 18, 2015), the employee was working full time. The physical exam dated May 18, 2015 reveals tenderness to palpation of the anterior portion of the left wrist with relatively good range of motion, and tenderness to palpation of the lumbar paraspinal muscles and right piriformis area. The progress note dated August 17, 2015 documented a physical examination that showed relatively good range of motion, no significant swelling over the left knee, and mild tenderness to palpation to the medial joint line. Treatment has included medications (Norco 10-325mg one tablet at night as needed, and Naprosyn 550mg once a day as needed since at least February of 2015), and massage therapy since at least January of 2015. The original utilization review (September 1, 2015) partially certified a request for Norco 10-325mg #18 (original request for #30), and non-certified a request for eight additional sessions of chiropractic treatment for the

low back, eight additional sessions of massage therapy for the low back, twelve additional months of membership to Easter Seals for pool exercises, Naproxen 550mg, and Norco 10-325mg do not dispense until September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional sessions of chiro, low back: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

Decision rationale: MTUS recommends a trial of 6 Chiropractic visits over 2 weeks for initial treatment of low back pain. With evidence of objective functional improvement, a total of up to 18 visits over 6-8 weeks may be prescribed. Per MTUS, elective/maintenance care is not medically necessary. Documentation provided for review reveals that the injured worker has had previous chiropractic treatment, with subjective report of improvement. There is lack of evidence of objective functional improvement. Furthermore, elective/maintenance care is not recommended by MTUS. Given that the injured worker has completed an initial course of chiropractic care and there is no report of exceptional factors, medical necessity for additional chiropractic treatment has not been established. Per guidelines, the request for 8 additional sessions of chiro, low back is not medically necessary.

8 additional sessions of massage therapy: 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): Massage therapy.

Decision rationale: MTUS recommends Massage therapy as an adjunct to other treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Documentation indicates that the injured worker has had an initial trial of massage therapy with no significant objective functional improvement. The current request for 8 additional massage therapy sessions exceeds that recommended by MTUS and there is no documentation of exceptional factors.. The request for 8 additional sessions of massage therapy is not medically necessary per guidelines.

12 additional month of membership for self-directed pool exercises: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic.

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

Decision rationale: MTUS states that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. A therapeutic exercise program is recommended at the start of any treatment or rehabilitation program, unless exercise is contraindicated. MTUS does not provide evidence to support the recommendation of any particular exercise regimen over others. MTUS recommends aquatic therapy (including swimming) as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. It is specifically recommended where reduced weight bearing is desirable, for example extreme obesity, being that it can minimize the effects of gravity. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment as they are unsupervised programs and there is no information flow back to the treatment provider. ODG does not recommend Gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Per guidelines, the treatment should be monitored and administered by medical professionals. The injured worker complains of ongoing lower back pain, bilateral hand and knee pain. Documentation fails to demonstrate a clinical need for reduced weight bearing to establish the medical necessity for an optional form of exercise therapy. Furthermore, participation in an unsupervised exercise program at a gym is not recommended by ODG or MTUS. With guidelines not being met, the request for 12 additional month of membership for self-directed pool exercises is not medically necessary.

Retro DOS: 8.17.15 Naproxen 550mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per MTUS, Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. The injured worker's symptoms are chronic and ongoing, without evidence of significant objective improvement in pain on current medication regimen. Documentation also indicates that Naproxen has been prescribed on long term basis. With

MTUS guidelines not being met, the request for Retro DOS: 8.17.15 Naproxen 550mg #30 is not medically necessary.

Norco 10/325mg #30, 1 refill: 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 for chronic pain.

Decision rationale: MTUS recommends that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented with the use of Opioids. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no overall improvement in pain or function, unless there are extenuating circumstances and if there is continuing pain with the evidence of intolerable adverse effects. The injured worker's symptoms are chronic and ongoing, without evidence of significant objective improvement in pain on current medication regimen. Documentation also indicates that Naproxen has been prescribed on long term basis. The injured worker complains of chronic lower back pain, bilateral hand and knee pain. Documentation fails to demonstrate evidence of significant objective improvement in pain, to support the medical necessity for continued use of opioids. The request for Norco 10/325mg #30, 1 refill is not medically necessary by MTUS.