MAXIMUS Federal Services

Case Number:	CM15-0038464		
Date Assigned:	03/09/2015	Date of Injury:	09/23/2005
Decision Date:	04/20/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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: Physical Medicine & Rehabilitation

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 was a 37 year old female, who sustained an industrial injury, September 23, 2005. The injury was sustained when the injured worker picked up a wet blanket from the floor. The blanket was saturated with water from a burst pipe. According to progress note of February 2, 2015, the injured workers chief complaint was low back and neck pain. The injured worker rated the pain 2 out of 10; 0 being no pain and 10 being the worse pain. The neck pain was radiating down into the right arm. The low back pain was radiating into the bilateral lower extremities. The injured worker was not working and started to gain weight. The physical exam noted a rotation of the cervical spine was flexion of 42 degrees, extension of 52 degrees, right rotation of 74 degrees, left rotation of 72 degrees, right lateral flexion of 41 degrees and left lateral flexion of 39 degrees. The range of motion of the lumbar spine was flexion of 51 degrees, extension of 22 degrees, right side bend of 23 degrees and left side bend of 21 degrees. The injured worker was diagnosed with depression, anxiety, headaches, lumbar spondylosis of L2-L4, cervical spine musculoligamentous sprain/strain with upper extremity radiculitis, lumbar spine musculoligamentous sprain/strain with 2.2mm disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L4-L5 and 4.5mm left central disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L5-S1 with mild chronic L4-L5 radiculopathy and mild right acute S1 radiculopathy. The injured worker previously received the following treatments psychotherapist, x-rays of the neck and back, EMG/NCV (electromyography/nerve conduction velocity studies) of the bilateral lower extremities, MRI of

the lumbar region on March 22, 2007, physical therapy, Ultracin, chiropractic services, epidural steroid injections, acupuncture and pool therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, four sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: The patient presents with neck pain radiating to the right upper extremity and low back pain radiating to the bilateral lower extremities. The request is for physical therapy, four sessions. The request for authorization is not provided. MRI of the lumbar spine, 03/22/07, shows a 3.3mm disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L4-L5 and 4.5mm left central disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L5- S1. EMG/NCV study of the bilateral lower extremitites, 04/09/07, shows mild chronic L4-L5 radiculopathy and mild right acute S1 radiculopathy. Radiographs of the cervical spine, 02/02/15, shows a decreased cervical lordotic curvature. Radiographs of the lumbar spine, 02/02/15, shows minimal spondylosis from L2 to L4. The patient was administered a lumbar epidural steroid injection, however, she reports having a bad reaction to the injection and noted increased lower back pain. She states that because she was in pain and was not working, she was at home gaining weight, and started to feel distressed, depressed and noted headache. The patient reports that since her injury, she has gained approximately 55 pounds. She was treated with chiropractic and acupuncture treatments and received significant improvement in her symptoms. Patient also has had pool and physical therapy, but documentation as to the number of visits is not provided. The patient attended psychotherapy at a frequency of one to two times per week for approximately one year with some benefit. The patient is working. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Per progress report dated 02/02/15, treater's reason for the request is "to transition the patient to a self-guided home exercise program as the patient has a Swiss ball; however, she is unaware of how to use it." Treater does not provide any documentation of treatment history. However, given the patient's condition, a course of physical therapy would be indicated. The request for 4 sessions of physical therapy would be within guidelines. Therefore, the request IS medically necessary.

Neurological re-evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with neck pain radiating to the right upper extremity and low back pain radiating to the bilateral lower extremities. The request is for neurological re-evaluation. The request for authorization is dated not provided. MRI of the lumbar spine, 03/22/07, shows a 3.3mm disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L4-L5 and 4.5mm left central disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L5- S1. EMG/NCV study of the bilateral lower extremitites, 04/09/07, shows mild chronic L4-L5 radiculopathy and mild right acute S1 radiculopathy. Radiographs of the cervical spine, 02/02/15, shows a decreased cervical lordotic curvature. Radiographs of the lumbar spine, 02/02/15, shows minimal spondylosis from L2 to L4. The patient was administered a lumbar epidural steroid injection, however, she reports having a bad reaction to the injection and noted increased lower back pain. She states that because she was in pain and was not working, she was at home gaining weight, and started to feel distressed, depressed and noted headache. The patient reports that since her injury, she has gained approximately 55 pounds. She was treated with chiropractic and acupuncture treatments and received significant improvement in her symptoms. Patient also has had pool and physical therapy, but documentation as to the number of visits is not provided. The patient attended psychotherapy at a frequency of one to two times per week for approximately one year with some benefit. The patient is working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Per progress report dated, 02/02/15, treater's reason for the request is "due to the patient's ongoing headaches." It would appear that the current treater feels uncomfortable with the patient's medical issues and is requesting a referral for neurological evaluation. Given the patient's condition, the request for a referral appears reasonable. Therefore, the request IS medically necessary.

Ten weeks of a [redacted] weight loss program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management. Decision based on Non-MTUS Citation website www.ncbi.nlm.nih.gov/pubmed/15630109.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation AETNA website was referred to http://www.aetna.com/cpb/medical/data/1_99/0039.htmlhttp://www.lindora.com/lhc-riteaid.aspx.

Decision rationale: The patient presents with neck pain radiating to the right upper extremity and low back pain radiating to the bilateral lower extremities. The request is for ten weeks of a

[redacted] weight loss program. The request for authorization is dated not provided. MRI of the lumbar spine, 03/22/07, shows a 3.3mm disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L4-L5 and 4.5mm left central disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L5- S1. EMG/NCV study of the bilateral lower extremitites, 04/09/07, shows mild chronic L4-L5 radiculopathy and mild right acute S1 radiculopathy. Radiographs of the cervical spine, 02/02/15, shows a decreased cervical lordotic curvature. Radiographs of the lumbar spine, 02/02/15, shows minimal spondylosis from L2 to L4. The patient was administered a lumbar epidural steroid injection, however, she reports having a bad reaction to the injection and noted increased lower back pain. She states that because she was in pain and was not working, she was at home gaining weight, and started to feel distressed, depressed and noted headache. The patient reports that since her injury, she has gained approximately 55 pounds. She was treated with chiropractic and acupuncture treatments and received significant improvement in her symptoms. Patient also has had pool and physical therapy, but documentation as to the number of visits is not provided. The patient attended psychotherapy at a frequency of one to two times per week for approximately one year with some benefit. The patient is working. MTUS Guidelines page 46 and 47 recommends exercise, but states that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Neither MTUS, ODG, nor ACOEM have any say on the weight loss program so the AETNA website was referred to http://www.aetna.com/cpb/medical/data/1_99/0039.html. AETNA allows "medically supervised" weight loss program only if the patient has failed caloric restriction and physical activity modifications. The [redacted] weight program is a medically supervised program. Per progress report dated, 02/02/15, treater's reason for the request is "to decrease weight as the patient has gained 55 pounds since her work-related injury." Although there is a discussion provided regarding why the patient may need this weight loss program, the progress reports do not define the weight loss goals, nor do they reveal any steps taken by the patient to achieve those goals. Physician-monitored programs are supported for those with BMI greater than 30, but exclude [redacted], [redacted], [redacted], [redacted], or similar programs. Furthermore, the reports do not document trialed and failed caloric restrictions with increased physical activities. Therefore, the request IS NOT medically necessary.

Ultracin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents with neck pain radiating to the right upper extremity and low back pain radiating to the bilateral lower extremities. The request is for Ultracin. The request for authorization is dated not provided. MRI of the lumbar spine, 03/22/07, shows a 3.3mm disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L4-L5 and 4.5mm left central disc protrusion with facet hypertrophy and bilateral neuroforaminal narrowing at L5- S1. EMG/NCV study of the bilateral lower extremitites, 04/09/07, shows mild chronic L4-L5 radiculopathy and mild right acute S1 radiculopathy. Radiographs of the cervical

spine, 02/02/15, shows a decreased cervical lordotic curvature. Radiographs of the lumbar spine, 02/02/15, shows minimal spondylosis from L2 to L4. The patient was administered a lumbar epidural steroid injection, however, she reports having a bad reaction to the injection and noted increased lower back pain. She states that because she was in pain and was not working, she was at home gaining weight, and started to feel distressed, depressed and noted headache. The patient reports that since her injury, she has gained approximately 55 pounds. She was treated with chiropractic and acupuncture treatments and received significant improvement in her symptoms. Patient also has had pool and physical therapy, but documentation as to the number of visits is not provided. The patient attended psychotherapy at a frequency of one to two times per week for approximately one year with some benefit. The patient is working. Regarding topical analgesics, MTUS state they are largely experimental in use with few randomized controlled trials to determine efficacy or safety, and recommends for neuropathic pain when trials of antidepressants and anticonvulsants have failed. MTUS states "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Methyl salicylate, an NSAID, is indicated for peripheral joint arthritis/tendinits while Capsaicin is indicated for most chronic pain condition. Treater does not provide reason for the request. Ultracin is Methyl salicylate 28%; menthol 10%; and capsaicin 0.025%. In this case, the patient presents with chronic back pain, and not peripheral joint arthritis/tendinitis. Since methyl salicylate is not supported by MTUS guidelines for this condition, the entire topical product (Ultracin) would not be indicated. Therefore, the request IS NOT medically necessary.