

Case Number:	CM15-0072317		
Date Assigned:	04/22/2015	Date of Injury:	05/26/2014
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/16/2015

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 is a 39-year-old male, who sustained an industrial injury on 5/26/2014. He reported developing low back pain that became progressively worse and included lower extremity symptoms. Diagnoses include herniated nucleus pulposus. Treatments to date include activity modification, oral steroid treatment, Kenalog and Toradol intramuscularly, epidural steroid injection, and physical therapy. Currently, he complained of some improvement in symptoms attributed to a change in work accommodations due to an increase in symptoms from prolonged sitting. On 2/18/15, the physical examination documented tenderness in lumbar muscles. The plan of care included aquatic therapy and an ergonomic workstation evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy 3 times a week for 4 weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Physical medicine Page(s): 22, 98-99.

Decision rationale: This patient presents with low back pain that radiates into the left lower extremity. The Request for Authorization is dated 02/26/15. The current request is for POOL THERAPY FOR 3 TIMES A WEEKS FOR 4 WEEKS FOR THE LUMBAR SPINE.

Treatments to date include activity modification, oral steroid treatment, Kenalog and Toradol intramuscularly, epidural steroid injection, medications and physical therapy. The patient is currently working. The MTUS Guidelines page 22, chronic pain medical treatment guidelines regarding aqua therapy has the following, "recommended as an optional form of exercise, where available, as an alternative to land-based physical therapy. Aqua therapy and swimming can minimize the effects of gravity, so it is specifically recommended when reduced weight bearing is desirable, for example extreme obesity." The patient reported with prolonged sitting his symptoms are significantly worse. Physical examination revealed tenderness about the lumbar paravertebral musculature and decreased range of motion. The treating physician stated, "I do feel the patient would benefit from pool therapy of the lumbar spine." There is no indication of prior aquatic therapy. There is no explanation as to why aquatic therapy is necessary as opposed to a home-based exercise program or land-based therapy. Furthermore, the treating physician's request for 12 sessions exceeds what is recommended by MTUS. For recommendation of number of visits, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis type symptoms 9 to 10 visits over 8 weeks. This request IS NOT medically necessary.

Ergonomic workstation evaluation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Ergonomics interventions.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11.

Decision rationale: This patient presents with low back pain that radiates into the left lower extremity. The Request for Authorization is dated 02/26/15. The current request is for ERGONOMIC WORK STATION EVALUATION. Treatments to date include activity modification, oral steroid treatment, Kenalog and Toradol intramuscularly, epidural steroid injection, medications and physical therapy. The patient is currently working. The ACOEM Practice Guidelines, 2nd edition (2004), chapter 1, pages 6-11 states, "The clinician may recommend work and activity modification or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence." The patient is currently working with restrictions. The patient reported with prolonged sitting his symptoms are "significantly" worse. In this case, ACOEM Guidelines support ergonomic evaluations for the workplace to accommodate ergonomic changes to hasten the employee's return to full activity. The requested ergonomic workstation evaluation IS medically necessary.

Sit or stand desk: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Durable Medical Equipment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, DME.

Decision rationale: This patient presents with low back pain that radiates into the left lower extremity. The Request for Authorization is dated 02/26/15. The current request is for SIT OR STAND DESK. Treatments to date include activity modification, oral steroid treatment, Kenalog and Toradol intramuscularly, epidural steroid injection, medications and physical therapy. A Sit or Stand desk is an automatic adjustable height desk. The ACOEM, MTUS and ODG guidelines do not address this request. The ODG guidelines, under the Knee & Leg Chapter regarding DME states that "The term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005)" The patient is currently working with restrictions. The patient reported with prolonged sitting his symptoms are "significantly" worse and the treating physician recommended a sit or stand desk. ODG does not recommend durable medical equipment unless it has a specific medical purpose and is not useful in the absence of illness or injury. A desk does not meet the definition of a Durable Medical Equipment. Furthermore, the patient is currently waiting for ergonomic work evaluation and it is not known whether or not sit/stand desk is needed and what the patient's work requirements are. The request IS NOT medically necessary.