

Case Number:	CM15-0095777		
Date Assigned:	05/22/2015	Date of Injury:	04/05/2002
Decision Date:	09/23/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/18/2015

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 57 year old female, who sustained an industrial injury on April 5, 2002. Treatment to date has included lumbar and cervical surgery and medications. Currently, the injured worker complains of increased pain in her neck for the previous 3-6 weeks. She reports associated increased numbness and tingling in her bilateral hands. The injured worker notes that acupuncture has helped her manage her pain, provides increased mobility and functionality. On physical examination, the injured worker had tenderness to palpation and painful range of motion over the cervical and lumbar spine. The diagnoses associated with the request include status post cervical spine fusion, cervical spine disc rupture with radiculopathy, thoracic spine strain and status post lumbar fusion. The treatment plan includes acupuncture therapy, low back brace, gym membership for hot tub use, Imaging of the thoracic, cervical and lumbar spine and of the pelvis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym Membership (years) QTY 1: 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) - online.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lower back - Thoracic & Lumbar (acute & chronic) chapter under Gym memberships.

Decision rationale: The 57 year old patient complains of pain in neck, upper back, and lower back along with tingling in bilateral hands up to three to four fingers on the right, as per progress report dated 03/24/15. The request is for Gym Membership (Years) Qty 1. There is no RFA for this case, and the patient's date of injury is 04/05/02. The patient is status post-cervical spine fusion in September, 2002; status post cervical surgery on 10/17/11; and status post lumbar spine fusion on 09/26/05, as per progress report dated 03/24/15. Diagnoses included cervical spine disc rupture with radiculopathy and thoracic sprain/strain. The patient is taking Norco for pain relief, as per progress report dated 04/16/15 (after the UR date). Diagnoses included lumbar disc disease, lumbar spine radiculopathy, and post-laminectomy syndrome. The progress reports do not document the patient's work status. MTUS and ACOEM guidelines are silent regarding gym membership. The ODG guidelines Lower back-Thoracic & Lumbar (acute & chronic) chapter under Gym memberships state: Not recommended as a medical prescription unless monitored and administered by medical professionals. While a home 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 patient. In this case, a request for gym membership for accessing hot tub is only found in progress report dated 04/28/15 (after the UR denial date). The treater, however, does not explain the purpose of this request. It is not clear why the patient needs the hot tub. There is no documentation of specific objective and subjective outcomes with regards to gym membership. There is no indication that the exercise regimen will be supervised by a medical professional, as required by ODG. Hence, it is not medically necessary.

Low Back Brace QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Pain chapter under Lumbar Supports.

Decision rationale: The 57 year old patient complains of pain in neck, upper back, and lower back along with tingling in bilateral hands up to three to four fingers on the right, as per progress report dated 03/24/15. The request is for Low Back Brace Qty 1. There is no RFA for this case, and the patient's date of injury is 04/05/02. The patient is status post-cervical spine fusion in September, 2002; status post cervical surgery on 10/17/11; and status post lumbar spine fusion on 09/26/05, as per progress report dated 03/24/15. Diagnoses included cervical spine disc rupture with radiculopathy and thoracic sprain/strain. The patient is taking Norco for pain relief, as per progress report dated 04/16/15 (after the UR date). X-Rays Pelvic Qty 1. The progress reports do not document the patient's work status. ODG Guidelines, Low Back Pain chapter under Lumbar Supports state that lumbar supports such as back braces are "recommended 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). Under study for post-operative use." In this case, none of the progress reports discuss the request. The patient does suffer from low back pain along with tenderness to palpation in the paravertebral muscles, as per progress report dated 03/24/15. As per progress report dated 04/16/15 (after the UR denial date), the patient has pain in the lumbar spine that radiates down to her left leg. The treater, however, does not document spinal instability, spondylolisthesis or compression fractures. There is no radiographic evidence of instability either. ODG states there is very low quality evidence for the use of lumbar bracing for non-specific LBP. Hence, the request is not medically necessary.

X-rays Cervical spine QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 189. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck chapter, under X-rays.

Decision rationale: The 57 year old patient complains of pain in neck, upper back, and lower back along with tingling in bilateral hands up to three to four fingers on the right, as per progress report dated 03/24/15. The request is for X-Rays Cervical Spine Qty 1. There is no RFA for this case, and the patient's date of injury is 04/05/02. The patient is status post-cervical spine fusion in September, 2002; status post cervical surgery on 10/17/11; and status post lumbar spine fusion on 09/26/05, as per progress report dated 03/24/15. Diagnoses included cervical spine disc rupture with radiculopathy and thoracic sprain/strain. The patient is taking Norco for pain relief, as per progress report dated 04/16/15 (after the UR date). Diagnoses included lumbar disc disease, lumbar spine radiculopathy, and post-laminectomy syndrome. The progress reports do not document the patient's work status. For special diagnostics, ACOEM Guidelines page 330 states "unequivocal objective findings that identifies specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who did not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." Regarding cervical x-rays, ODG states "not recommended except for indications below. Patients who are alert, have never lost consciousness, are not under the influence of alcohol and/or drugs, have no distracting injuries, have no cervical tenderness, and have no neurologic findings, do not need imaging. Patients who do not fall into this category should have a three-view cervical radiographic series followed by computed tomography (CT). In determining whether or not the patient has ligamentous instability, magnetic resonance imaging (MRI) is the procedure of choice, but MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. (Anderson, 2000) (ACR, 2002). Initial studies may be warranted only when potentially serious underlying conditions are suspected like fracture or neurologic deficit, cancer, infection or tumor." In this case, the progress reports do not document prior X-ray of the cervical spine. None of the progress reports discuss the request either. The patient does suffer from pain in the neck. The treater also documents tenderness to palpation in cervical paravertebral muscles

along with diminished sensation in left dorsal thumb web and left small tip, as per progress report dated 03/24/15. ACOEM supports the use of x-rays only with "unequivocal objective findings that identify specific nerve compromise on the neurological examination." Given the chronic pain and diminished sensation, the request appears reasonable and is medically necessary.

X-rays Pelvic QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) chapter under Radiography.

Decision rationale: The 57 year old patient complains of pain in neck, upper back, and lower back along with tingling in bilateral hands up to three to four fingers on the right, as per progress report dated 03/24/15. The request is for X-Rays Pelvic Qty 1. There is no RFA for this case, and the patient's date of injury is 04/05/02. The patient is status post cervical spine fusion in September, 2002; status post cervical surgery on 10/17/11; and status post lumbar spine fusion on 09/26/05, as per progress report dated 03/24/15. Diagnoses included cervical spine disc rupture with radiculopathy and thoracic sprain/strain. The patient is taking Norco for pain relief, as per progress report dated 04/16/15 (after the UR date). Diagnoses included lumbar disc disease, lumbar spine radiculopathy, and post-laminectomy syndrome. The progress reports do not document the patient's work status. ODG guidelines, Hip & Pelvis (Acute & Chronic) chapter under Radiography, states the following: Recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. In this case, the progress reports do not document prior X-ray of the pelvis. None of the progress reports discuss the request either. The patient does suffer from pain in the neck, upper back and lower back only. The treater only document tenderness to palpation in cervical and lumbar spine along with diminished sensation in left dorsal thumb web and left small tip, as per progress report dated 03/24/15. No significant findings from the physical examination of pelvis are documented ODG guidelines support routine use of x-rays in patients with severe injuries. However, the given lack of specific symptoms, the request for pelvic x-rays is not medically necessary.

X-rays Lumbar spine QTY 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The 57 year old patient complains of pain in neck, upper back, and lower back along with tingling in bilateral hands up to three to four fingers on the right, as per progress

report dated 03/24/15. The request is for X-Rays Lumbar Spine Qty 1. There is no RFA for this case, and the patient's date of injury is 04/05/02. The patient is status post-cervical spine fusion in September, 2002; status post cervical surgery on 10/17/11; and status post lumbar spine fusion on 09/26/05, as per progress report dated 03/24/15. Diagnoses included cervical spine disc rupture with radiculopathy and thoracic sprain/strain. The patient is taking Norco for pain relief, as per progress report dated 04/16/15 (after the UR date). Diagnoses included lumbar disc disease, lumbar spine radiculopathy, and post-laminectomy syndrome. The progress reports do not document the patient's work status. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." In this case, the progress reports do not document prior X-ray of the lumbar spine. None of the progress reports discuss the request either. The patient does suffer from low back pain along with tenderness to palpation in the paravertebral muscles, as per progress report dated 03/24/15. As per progress report dated 04/16/15 (after the UR denial date), the patient has pain in the lumbar spine that radiates down to her left leg. Given the chronic and radiating pain, the request appears reasonable and is medically necessary.

X-rays Thoracic spine QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The 57 year old patient complains of pain in neck, upper back, and lower back along with tingling in bilateral hands up to three to four fingers on the right, as per progress report dated 03/24/15. The request is for X-Rays Thoracic Spine Qty 1. There is no RFA for this case, and the patient's date of injury is 04/05/02. The patient is status post-cervical spine fusion in September, 2002; status post cervical surgery on 10/17/11; and status post lumbar spine fusion on 09/26/05, as per progress report dated 03/24/15. Diagnoses included cervical spine disc rupture with radiculopathy and thoracic sprain/strain. The patient is taking Norco for pain relief, as per progress report dated 04/16/15 (after the UR date). Diagnoses included lumbar disc disease, lumbar spine radiculopathy, and post-laminectomy syndrome. The progress reports do not document the patient's work status. For radiography of the low back, ACOEM ch12, low back, pages 303-305: "Special Studies and Diagnostic and Treatment Considerations Lumbar spine x-rays should not be recommended in patients with low back pain in the absence of red

flags for serious spinal pathology, even if the pain has persisted for at least six weeks." For special diagnostics, ACOEM Guidelines page 303 states "unequivocal objective findings that identify specific nerve compromise on the neurological examination is sufficient evidence to warrant imaging in patients who do not respond well to treatment and who would consider surgery as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study." ODG-TWC, Low back Chapter under Radiography states: "Lumbar spine radiography should not be recommended in patients with low back pain in the absence of red flags for serious spinal pathology, even if the pain has persisted for at least 6 weeks." In this case, the progress reports do not document prior X-ray of the thoracic spine. None of the progress reports discuss the request either. The patient does suffer from pain in the upper back. However, the treater only document tenderness to palpation in cervical and lumbar spine along with diminished sensation in left dorsal thumb web and left small tip, as per progress report dated 03/24/15. No significant findings from the physical examination of thoracic spine are documented ACOEM supports the use of x-rays only with "unequivocal objective findings that identify specific nerve compromise on the neurological examination." However, the given the lack of documentation of specific symptoms and neurological findings, the request for thoracic x-rays is not medically necessary.