

Case Number:	CM13-0012157		
Date Assigned:	02/14/2014	Date of Injury:	01/31/2005
Decision Date:	04/22/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient sustained a work-related injury on 12/15/11. The patient has chronic low back pain and chronic neck pain. The carrier has accepted the low back and neck as injured body parts. His diagnoses include cervical and lumbar radiculopathy. The patient has a long history of low back pain with a history of prior lumbar laminectomy in 2005. The 7/15/13 office note indicates that the patient has low back issues. The patient desires third epidural and physical therapy. The first and second epidural greatly improved his right sciatica, but he desires a third because he is still symptomatic. He has left cervical radiculopathy as well and wishes to redo physical therapy as it has been some time since his last session, and he is still symptomatic. He is not doing any sort of home routine, but staying active by cycling. The treatment plan included 12 sessions of physical therapy and to be evaluated for a home traction device. The patient discussed being more motivated regarding home rehabilitative exercises. There is a 9/9/13 procedure note stating that the patient had a epidural steroid injection at the right L5-S1. A 1/21/13 procedure note indicated that the patient received a left C6-7 epidural steroid injection. An 8/31/12 MRI of the cervical spine revealed the following findings: 1. There is a focal 2 x 7mm area of signal change within the anterior left side of the spinal cord at the C3-4 level most consistent with focal gliosis. No enhancement is seen on the post contrast study; 2. At C6-7, there is 4mm of posterior disk and osteophyte protrusion causing moderate spinal canal stenosis. There is also bilateral moderate foraminal stenosis; 3. At C3-4, there is 3mm of posterior disk protrusion with mild spinal canal stenosis and bilateral foraminal stenosis; 4. At C5-C, there is 2mm of posterior disk protrusion with minimal spinal canal stenosis and mild bilateral foraminal stenosis; and 5. At C4-5, there is 2mm of posterior disk protrusion with minimal spinal canal stenosis. There is a document from physical therapy stating that the patient was seen for 8 visits and then was authorized to continue

for 12 more, beginning 10/12/12. There is an 8/8/13 document from physical therapy that states that the patient was authorized for 3 visits, but was recommended to have 12 by his therapist and the primary treating physician. A 3/2/12 MRI reveals mild disc space narrowing at L5-S1 with no protrusion, disc dehydration and 5mm protrusion at L3-4, and disc dehydration and decreased height at L2-3. At L4-5, there is disc dehydration and a 6mm protrusion with moderate foraminal changes secondary to hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY LUMBAR/CERVICAL SPINE QTY: 12.00:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99.

Decision rationale: The MTUS guidelines recommend up to 10 visits for this condition. The patient has had adequate physical therapy in the past and is not practicing his home exercise program. There are no extenuating circumstances documented as to why he needs 12 visits. The request for an additional 12 visits of physical therapy for lumbar/cervical spine would exceed guideline recommendations and is not medically necessary.

HOME TRACTION UNIT QTY:1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 300.

Decision rationale: The guidelines state that traction has not been proved effective for lasting relief in treating low back pain and that there is insufficient evidence to support using vertebral axial decompression for low back injuries. For the cervical area, the guidelines additionally state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Furthermore, documentation states that patient has had physical therapy in the past and not practicing his home exercise routine. As such, the request for a home traction unit is not medically necessary.