

Case Number:	CM13-0015853		
Date Assigned:	10/09/2013	Date of Injury:	03/19/2009
Decision Date:	02/13/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 is a 49 year old female who reported an injury on 03/19/2009. The patient is diagnosed as status post laminectomy and discectomy in 2009 and disc bulge at L5-S1. The patient was seen by [REDACTED] on 09/20/2013. The patient reported 4/10 pain with medication and no new injuries. Physical examination only indicated that the patient lacked 8 inches from fully touching his toes. Treatment recommendations included an inversion table, physical therapy, and continuation of current medication

IMR ISSUES, DECISIONS AND RATIONALES

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

Inversion table: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.aetna.com/cpb/medicai/data/400_499/0481.html Clinical Policy Bulletin: Tables and Boards, Number: 0481

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: According to California MTUS/ACOEM, traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support

using vertebral axial decompression for treating low back injuries, it is not recommended. The patient has had ongoing lower back pain. However, California MTUS does not recommend traction for the use of treating lower back pain. As such, the requested service for an inversion table is noncertified.

Physical therapy (PT) two (2) times a week for five (5) weeks to the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG, Low back chapter

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

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, and patients are allowed 9 to 10 visits over 8 weeks for myalgia and myositis unspecified, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis unspecified. The patient is status post laminectomy and discectomy in 2009. Typically patients are sent to therapy after a procedure in order to help facilitate their recovery and increase their functional ability as well as decreasing their pain postoperatively. The documentation does not provide any overview of the patient's medical history pertaining to that time period. Therefore, it is unknown if the patient underwent any form of conservative modalities postoperatively to help expedite his recovery. Furthermore, the current documentation does not state if the patient is having any functional deficits with regard to the lower back. Therefore, the medical necessity for physical therapy 2 times a week for 5 weeks has not been established. As such, the requested service is noncertified.