

Case Number:	CM13-0021268		
Date Assigned:	04/25/2014	Date of Injury:	08/08/2009
Decision Date:	06/10/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	09/06/2013

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 & Rehabilitation, and is licensed to practice in California. 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 underlying date of injury in this case is 08/08/2009. The patient's diagnosis is an intermittent left L5-S1 radiculopathy status post L5-S1 microdiscectomy. On 07/02/2013, the treating orthopedic surgeon saw the claimant in reevaluation and noted the claimant complained of burning and stabbing pain in the low back and left gluteal and posterior thigh area with pins and needles in the left lower leg and foot. The patient was felt to have an intermittent left L5-S1 radiculopathy. He had missed 2 weeks of work due to pain. That note indicates that the patient performs a home self-directed exercise program in his pool. The treating physician recommended eight more visits of pool therapy to the lumbar spine, with the rationale that aquatic therapy is recommended as an optional form of exercise therapy. The treating physician additionally recommended a Kronos lumbar support in order to provide lumbar stabilization and recovery for the patient's injury. The treating physician also recommended a wedge pillow.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIGHT MORE VISITS OF POOL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy.

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

Decision rationale: The MTUS Chronic Pain Guidelines, section on physical medicine, page 99, recommends transition to independent home rehabilitation. The medical records in this case document that this patient currently is performing a home self-directed program in his swimming pool. The medical records do not provide a rationale as to why the patient would require additional supervised therapy given that the patient has an established aquatic exercise program in his home. This request is not medically necessary and appropriate.

WEDGE PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: A wedge pillow is a consumer item advertised as a device to elevate and support the upper torso. In this case, this device has been requested apparently for the patient's diagnosis of radicular lower extremity pain. In this context, this request could be considered a form of a lumbar support. The ACOEM Guidelines does not support a probable indication or benefit from lumbar supports. This treatment is not supported by the Guidelines. This request is therefore not medically necessary and appropriate.

KRONOS LUMBAR SUPPORT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: The ACOEM Guidelines state that lumbar supports have not been shown to be beneficial for treatment of back pain. The medical records provided for review do not provide alternate rationale in contrast to the guidelines. This request is therefore not medically necessary and appropriate.