

Case Number:	CM13-0025736		
Date Assigned:	11/20/2013	Date of Injury:	03/13/2012
Decision Date:	01/30/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/16/2013

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 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 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:

This 41 year-old female sustained an injury on 3/13/12. One (1) pelvic traction unit and/or inversion table, Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises, and continuing conservative management. Per report dated 7/24/13, the patient complained of intermittent pain with exam findings revealing bilateral tenderness to palpation in the posterior superior iliac spine region; full range of motion for the lumbar spine with pain; diminished L4 sensation in left leg, and mildly positive Q-angle of right knee; Right shoulder had negative Neer's, Hawkins, and crossover testing with remaining exam unremarkable. Diagnoses include low back pain/radiculitis left lower extremity/degenerative and herniated disc; Right shoulder tendinitis, improved; Right knee strain, resolved; Right shoulder impingement. Prior conservative treatment has included pharmacological management, home exercise stretching, physical therapy, chiropractic care, acupuncture, time off work, and epidural steroid injections. On 8/23/13, the pelvic traction unit/table was partially-certified for a home-based patient controlled gravity traction unit while the 18 PT visits and continued conservative management were non-certified, citing guidelines criteria and lack of medical necessity

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) pelvic traction unit and/or inversion table: Upheld

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): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: This 41 year-old female sustained an injury on 3/13/12. One (1) pelvic traction unit and/or inversion table, Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises, and continuing conservative management. Per report dated 7/24/13, diagnoses include low back pain/radiculitis left lower extremity/degenerative and herniated disc; Right shoulder tendinitis, improved; Right knee strain, resolved; Right shoulder impingement. Prior conservative treatment has included pharmacological management, home exercise stretching, physical therapy, chiropractic care, acupuncture, time off work, and epidural steroid injections. On 8/23/13, the pelvic traction unit/table was partially-certified for a home-based patient controlled gravity traction unit. Per ACOEM Treatment Guidelines for the Low Back, 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. Per Official Disability Guidelines (ODG), low back condition is not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Submitted reports have not demonstrated the indication or medical necessity for this pelvic traction table that has already been partially-certified for a home-based patient controlled gravity unit. The one (1) pelvic traction unit and/or inversion table is not medically necessary and appropriate.

Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises: Upheld

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

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

Decision rationale: This 41 year-old female sustained an injury on 3/13/12. One (1) pelvic traction unit and/or inversion table, Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises, and continuing conservative management. Per report dated 7/24/13, diagnoses include low back pain/radiculitis left lower extremity/degenerative and herniated disc; Right shoulder tendinitis, improved; Right knee strain, resolved; Right shoulder impingement. Prior conservative treatment has included pharmacological management, home exercise stretching, physical therapy, chiropractic care, acupuncture, time off work, and epidural steroid injections. On 8/23/13, the Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises and continuing conservative management were non-certified, citing guidelines criteria and lack of medical necessity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals

to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received extensive therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this March 2012 injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy and conservative management when prior treatment rendered has not resulted in any functional benefit. It is unclear what defines continuing conservative management beyond what are already being requested to allow for review. The Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises are not medically necessary and appropriate.

Continuing conservative management: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1-4.

Decision rationale: This 41 year-old female sustained an injury on 3/13/12. One (1) pelvic traction unit and/or inversion table, Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises, and continuing conservative management. Per report dated 7/24/13, diagnoses include low back pain/radiculitis left lower extremity/degenerative and herniated disc; Right shoulder tendinitis, improved; Right knee strain, resolved; Right shoulder impingement. Prior conservative treatment has included pharmacological management, home exercise stretching, physical therapy, chiropractic care, acupuncture, time off work, and epidural steroid injections. On 8/23/13, the Eighteen (18) physical therapy visits with emphasis on HEP to include core strengthening exercises and continuing conservative management were non-certified, citing guidelines criteria and lack of medical necessity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It is unclear what defines continuing conservative management beyond what are already being requested to allow for review. The request is denied.