

Case Number:	CM14-0003172		
Date Assigned:	01/31/2014	Date of Injury:	04/23/2001
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/09/2014

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 Anesthesiology has a subspecialty in Pain Management 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 patient is an employee of [REDACTED] and has submitted a claim for lumbar disc displacement associated with an industrial injury date of April 23, 2001. Treatment to date has included oral analgesics, epidural steroid injections, chiropractic care, LSO brace and pool therapy. Medical records from 2013 were reviewed and showed increased low back pain with radiculopathy to the gluteal area. A progress report dated October 1, 2013 stated that the patient has a cardiac condition and is awaiting a heart transplant. He was unable to do land-based therapy since he continues to have shortness of breath and difficulty with ambulation associated with his weight. A cane is being used at home when necessary, but this interferes with his ADLs. Pertinent physical examination findings include reduced and painful lumbar spine range of motion; decreased lower extremity strength; and diminished sensation in the bilateral lower extremities. The patient was diagnosed with musculoligamentous injury of the lumbar spine, herniated nucleus pulposus at L4-5, hypertension, right lower extremity radiculopathy and lumbar instability. An assessment for aqua therapy was requested for the low back pain as the patient reports functional improvements such as being able to move without difficulty from previous aqua therapy sessions. An orthopedic mattress was also requested, but the indication for which was not mentioned. Utilization review dated December 25, 2013 denied the request for 1 orthopedic mattress due to no specific evidence of sleep disturbance or exacerbation of low back complaints as a result of the patient's mattress, and lack of literature to support the medical necessity of a mattress in the treatment of low back pain. The request for 1 assessment for aqua therapy once a week for six weeks was also denied due to no specific evidence of functional benefit from prior supervised courses of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 ORTHOPEDIC MATTRESS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar And Thoracic (Acute & Chronic).

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 Chapter, Mattress Selection.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) Low Back Chapter was used instead. ODG states that there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. In this case, the patient complains of low back pain; however the indication for the request of an orthopedic mattress was not discussed. Moreover, there is a lack of evidence-based literature that would support the use of specialized mattresses for low back pain. The medical necessity has not been established due to lack of compelling evidence to support its use. Therefore, the request for 1 Orthopedic mattress is not medically necessary.

1 ASSESSMENT FOR AQUA THERAPY ONCE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 2009 Page(s): 22.

Decision rationale: Page 22 of the Chronic Pain Medical Treatment Guidelines states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, the patient was stated to have a cardiac condition and is awaiting a heart transplant based on a progress report on October 1, 2013. It also states that the patient was unable to do land-based therapy since he continues to have shortness of breath and difficulty with ambulation associated with his weight. An assessment for aqua therapy was requested for the low back pain as the patient reports functional improvements such as being able to move without difficulty from previous aqua therapy sessions. However, there were no objective evidences to support these claims, and the weight and BMI of the patient were not documented. Moreover, there is a lack of literature-based evidence that would support aquatic therapy in

patients with cardiac condition pending heart transplant. Therefore, the request for 1 Assessment for Aqua Therapy once a week for six weeks is not medically necessary.