

Case Number:	CM14-0017703		
Date Assigned:	04/16/2014	Date of Injury:	01/09/2012
Decision Date:	06/03/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/12/2014

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, Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 48-year-old female who reported an injury on 01/09/2012. The mechanism of injury was not provided. The documentation of 09/13/2013 revealed the injured worker had low back pain with radiation to the lower extremities. The injured worker noted a reduction of cramping pain to the lower extremities with serial taping procedures for the transverse arches. She further indicated that the transverse arch taping was helping and her capacity for standing and walking was improved. The physical examination revealed the injured worker had a flexion antalgia of 10 degrees, an interval improvement. The Kemp's test was positive. The diagnoses included discogenic sciatic radiculopathy, mechanical low back pain syndrome, loss of motion segment integrity lumbar spine, and abnormal posture/flexion antalgia. The treatment recommendations included the injured worker had a modified McKenzie countertop assisted therapeutic exercise and had a positive response to serial transverse arch tape protocols. As such, the treatment recommendation was for mass balance orthotics to reproduce the same effect with respect to the injured worker's stance stability. The request was made for molding and fitting of custom mass balance orthotics. The physician documented it should be noted the injured worker did not have a primary diagnosis relative to her feet; however, the purpose of the mass balance orthotics was to reduce the biomechanical loading across the lumbosacral junction as a result of recruiting improved proprioceptive input from the bilateral feet. The physician further opined that serial taping of the transverse arches demonstrated progressive benefit. The documentation of 09/23/2013 revealed the injured worker had low back pain and right lower extremity pain. The injured worker was experiencing cramping and pain to the right lower extremity through posterior thigh, calf, and plantar foot. The injured worker indicated that therapeutic exercises gave some temporary alleviation of symptomatology but did not significantly improve the functional capacity. The physical objective findings revealed 15

degrees of flexion antalgia associated with marked paravertebral muscle spasms from L5 through the lower thoracic spine. There was a sharp reduction of lumbar flexion and extension range of motion with extension being less than neutral by 3 or 4 degrees and flexion being carried out to only 40 degrees with sharp pain. There was marked paravertebral spasm throughout the lower thoracic spine. It was indicated with transverse arch taping it improved to 1 to 2- reduction of stance stability in all 4 test positions. The treatment recommendations included the documentation postsurgical physical rehabilitation, post epidural injection. The documentation of 10/07/2013 again requested the custom mass balance orthotics. The documentation of 11/05/2013 requested postsurgical physical medicine, for postoperative treatment of an epidural steroid injection. The diagnosis included status post lumbar selective nerve root block/epidural.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: POST-SURGICAL (ESI) PHYSICAL MEDICINE/REHABILITATION THERAPY, 3 TIMES A WEEK FOR 4 WEEKS; 11-5-13: 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 CHAPTER.

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, PHYSICAL THERAPY.

Decision rationale: The Official Disability Guidelines (ODG) recommends the post injection treatment for epidural steroid injections is 1 to 2 visits over 1 week. There was a lack of documentation indicating a necessity for 12 sessions of postsurgical rehabilitation therapy. This request exceeds the ODG recommendations. Given the above, the request for post-surgical (ESI (epidural steroid injection)) physical medicine/rehabilitation therapy, 3 times a week for 4 weeks to lumbar spine, ordered 11-5-13, is not medically necessary.

RETRO: POST-SURGICAL (ESI) PHYSICAL MEDICINE/REHABILITATION THERAPY, 3 TIMES A WEEK FOR 4 WEEKS; 10-7-13: 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 CHAPTER.

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, PHYSICAL THERAPY.

Decision rationale: The Official Disability Guidelines (ODG) recommends the post injection treatment for epidural steroid injections is 1 to 2 visits over 1 week. There was a lack of documentation indicating a necessity for 12 sessions of postsurgical rehabilitation therapy. This

request exceeds the ODG recommendations. Given the above, the request for post-surgical (ESI (epidural steroid injection)) physical medicine/rehabilitation therapy, 3 times a week for 4 weeks to lumbar spine, ordered 10-7-13, is not medically necessary.

RETRO: MASS BALANCE ORTHOTICS; 9-13-13 & 10-7-13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 376. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle & Foot Chapter, Orthotics.

Decision rationale: The MTUS/ACOEM guidelines indicate that rigid orthotics may reduce pain experienced during walking and may reduce more global measures of pain and disability for patients with plantar fasciitis and metatarsalgia. The clinical documentation submitted for review indicated the request was for a custom orthosis. As such, a secondary guideline was sought. The Official Disability Guidelines (ODG) indicates that outcomes using a custom orthosis are highly variable and dependent on the skill of the fabricator and the material used. A trial of a prefabricated orthosis is recommended in the acute phase but due to diverse anatomical differences many patients will require a custom orthosis for long-term pain control. The clinical documentation submitted for review indicated the injured worker had benefitted from taping. There was a lack of documentation indicating the injured worker had trialed a prefabricated orthosis versus a custom orthosis. However, as the injured worker had no diagnosed foot pain or ankle issue, there was a lack of exceptional factors to warrant the necessity for mass balance orthotics. Given the above, the request for mass balance orthotics, ordered 9-13-13 and 10-7-13, is not medically necessary.

RETRO: ACUPUNCTURE, 6 TIMES A WEEK FOR 3 WEEKS; 9-23-13: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS Guidelines recommend acupuncture as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation to hasten functional recovery. The time to produce functional improvement is 3 to 6 treatments and treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had not participated in acupuncture. There was a lack of documentation indicating the injured worker would be utilizing the acupuncture as an adjunct to another therapy. The request as submitted was for 6 times a week for 3 weeks; however, the physician documentation indicated the request was for a trial of 6 sessions over 3 weeks. Given the above and the lack of clarity,

the request for acupuncture, 6 times a week for 3 weeks, ordered 9-23-13, is not medically necessary.