

Case Number:	CM14-0030179		
Date Assigned:	06/16/2014	Date of Injury:	09/10/2013
Decision Date:	07/23/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine 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:

This is a 48-year-old male patient with a date of injury on 10/08/13 with diagnoses of low back pain, lumbar disc with radiculitis, myalgia, and degeneration of lumbar disc. MRI of the lumbar spine performed on 10/08/13 revealed multilevel degenerative changes of the lumbar spine, most pronounced at L3-L4 and L4-L5, and to a lesser extent L2-L3 and L5-S1. At L3-L4 and L4-L5, there is a significant broad-based disc bulge, moderate bilateral facet arthropathy, and ligamentum flavum thickening causing moderate left and mild to moderate neural foraminal narrowing at both levels, and moderate spinal canal stenosis at L3-L4. At L2-L3, broad-based disc bulge with superimposed right foraminal disc protrusion causing mild right neural foraminal narrowing, mild right eccentric spinal canal stenosis, partial effacement of the right lateral recess and possible mild impingement of the descending right L3 nerve root. Previous treatment has included a left L3, L4, L5 transforaminal epidural steroid injection on 12/02/13 with approximately 50% improvement. On 03/26/14, the patient presented reporting low back pain with radiation down the back of the left leg to the heel rated at 8/10. Current medications include levothyroxine 25 g tablets once daily, cyclobenzaprine 10 mg tablets 1 tablet once per day, omeprazole 20 mg delayed release 1 capsule once per day period patient continues to work without restrictions. On physical examination, lumbar range of motion was full with pain at end ranges. Motor strength was 5/5 in the bilateral lower extremities. Sensation was decreased to light touch and pinprick along the L3, 4, 5 dermatomes in the left lower extremity. Reflexes were 2+ at the bilateral ankles and knees. Straight leg raise test was positive on the left for radicular signs and symptoms at 60. There was tenderness to palpation and guarding of the paraspinal muscles in the L1-L3 region. No midline tenderness to palpation. Treatment plan was to address the patient's symptoms in an interdisciplinary fashion including medication optimization and physical therapy. An additional epidural steroid injection to reduce pain and inflammation was

recommended. It was noted the patient has increased pain with sitting, which is a major component of his job. It was recommended the patient received a gel cushion seat. It was also felt he would benefit from 8 sessions of myofascial release to stimulate circulation and release tension in the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

GEL CUSHION FOR SEAT: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Durable Medical Equipment (DME).

Decision rationale: Per ODG guidelines, the term DME is defined as equipment which: (1) Can withstand repeated use, i.e., could normally be rented, and used by successive patients; (2) Is primarily and customarily used to serve a medical purpose; (3) Generally is not useful to a person in the absence of illness or injury; & (4) Is appropriate for use in a patient's home. (CMS, 2005). Documentation in this case identifies the patient to have persistent low back pain and reports significant symptoms with sitting. It was noted the patient has increased pain with sitting, which is a major component of his job. It was recommended the patient received a gel cushion seat. The patient continues to work full time, requiring extended periods of sitting. Given the patient continues to work full time and has increased pain with sitting, a gel seat cushion would be reasonable and appropriate in this case and considered medically necessary to help facilitate continued full time employment.

MYOFASCIAL THERAPY, QTY. 8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The CA MTUS guidelines state that massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the patient continues to work full-time and is noted to have ongoing back pain and muscle spasm. The treating physician indicates the patient is currently engage in a home exercise program on a regular basis. However, the current request is for 8 sessions. Guidelines recommend this passive modality be limited to 4-6 visits and most case. Therefore, the current request for 8 sessions of myofascial therapy exceeds guidelines and recommendations and is not considered medically necessary.

