

Case Number:	CM14-0069313		
Date Assigned:	07/14/2014	Date of Injury:	08/27/2003
Decision Date:	09/22/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/14/2014

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 and Rehabilitation and is licensed to practice in Texas. 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 50 year old female who sustained an injury to her low back on 08/27/03 when she was involved in a motor vehicle accident while working as a highway patrol officer. CT scan of the lumbar spine post-myelogram dated 03/04/14 revealed degenerative disease at L3 where there was a 3mm circumferential disc bulge, eccentric on the left, contacted the exiting left L3 nerve root in the lateral aspect of the left neural foramen and caused mild left neural foraminal narrowing and mild narrowing of the left lateral recess; artificial disc implant in place at L4-5, without evidence of hardware related complication, osteomyelitis, or a pseudomeningocele; 3mm retrolisthesis of L5 on S1. Progress note dated 04/24/14 reported that the injured worker did well for many years, with mild radicular irritation in the left calf, but over the past year and a half, she developed slowly progressing posterior thigh and buttock pain that steadily worsened. Physical examination noted 5/6 VAS pain; mildly restricted range of motion; facet maneuver more symptomatic left than right; straight leg raise at 80 degrees with provocation of discomfort at the buttock; deep tendon reflexes 2+ and symmetric in the bilateral lower extremities; motor strength 5/5 in bilateral lower extremities; sensation remained intact throughout bilateral lower extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Saunders home lumbar traction unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 300,Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

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, Traction.

Decision rationale: The request for Saunders home lumbar traction unit is not medically necessary. Previous request was denied on the basis that traction has not been proved effective for lasting relief in treating low back pain, per current evidence based guidelines. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Official Disability Guidelines state that traction is not recommended using powered devices, but home based patient controlled gravity traction may be a non-invasive conservative option, if used as an adjunct to program of evidence based conservative care to achieve functional improvement. As a sole treatment, traction has not been proved effective for lasting relief in treatment of low back pain. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the patient was actively participating in a home exercise program. Given this, the request for Saunders home lumbar traction unit is not indicated as medically necessary.

12 Physical Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The request for 12 physical therapy sessions is not medically necessary. Previous request was denied on the basis that there was no documentation if this is a request for initial or additional physical therapy. The CA MTUS recommends up to 16 visits over eight weeks for the diagnosed injury not to exceed a treatment period of greater than six months. There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the injured worker was actively participating in a home exercise program. There was no additional significant objective clinical information provided for review that would support the need to exceed the CA MTUS recommendations, either in frequency or duration of physical therapy visits. Given this, the request for 12 physical therapy sessions is not indicated as medically necessary.

L3-L4 Transforaminal ESI(Epidural Steroid Injections): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: Previous request was denied on the basis that current evidence based guidelines do not support epidural steroid injection treatment in the absence of objective radiculopathy and management of injuries to the back, and then only in an effort to avoid surgery. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging study provided does not correlate with physical examination findings of active radiculopathy at L3-4. The CA MTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There were no physical therapy notes provided for review indicating the amount of physical therapy visits that the injured worker had completed to date or the injured worker's response to any previous conservative treatment. There was no indication that the patient was actively participating in a home exercise program. Given this, the request for L3-L4 transforaminal ESI (Epidural Steroid Injections) is not indicated as medically necessary.

Interlaminar Epidural Injections L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG(Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46.

Decision rationale: The request for interlaminar epidural injections at L3-L4 is not medically necessary. Previous request was denied on the basis that there was no documentation of objective radicular findings on each of the requested nerve root distributions and failure of conservative treatment. The CA MTUS states that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The imaging study provided does not correlate with physical examination findings of active radiculopathy at L3-4 level. The CA MTUS also states that the injured worker must be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants). There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the injured worker has completed to date and/or the injured worker's response to any previous conservative treatment. There was no indication that the patient was actively participating in a home exercise program. Given this, the request for interlaminar epidural injections at L3-L4 is not indicated as medically necessary.