

Case Number:	CM14-0005853		
Date Assigned:	02/05/2014	Date of Injury:	09/30/2012
Decision Date:	03/13/2015	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 has a date of injury on 9/3/12. He is complaining of neck and low back pain. Treatment has included cervical and lumbar medial branch blocks without sustained improvement. There has also been a trial of physical therapy, massage therapy, acupuncture and TENS unit use which have not shown sustained efficacy. Chronic pain medications include Flexeril, Naprosyn and Norco. Request has been made for a hot tub, home traction unit, CT scan of the cervical spine with contrast, CT scan of the lumbar spine with contrast and a discogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOT TUB: Upheld

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

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

Decision rationale: The injured worker presents with a chronic history of neck and low back pain. There has been exhaustive conservative interventions without improvement including numerous physical therapy sessions. Request is being made for hot tub without specification of the parameters such as location, frequency and specific interventional techniques that set its use apart from a conventional bathtub. Request as written is not medically necessary as it lacks appropriately sufficient details to clinically evaluate a therapeutic intervention. Furthermore, as a passive modality, a hot tub as a therapeutic intervention, according to MTUS guidelines, should be used for short-term relief, which would not require a permanent equipment as requested.

HOME TRACTION UNIT/INVERSION TABLE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The injured worker presents with a chronic history of neck and low back pain. There has been exhaustive conservative interventions without improvement including numerous physical therapy sessions. Request is being made for home traction inversion table. MTUS guidelines indicate that traction has not proved a lasting benefit for treating low back pain and is therefore not recommended. In the case of the injured worker, there were multiple modalities that have been attempted without long-lasting relief of low back pain. There has been no demonstration in the medical records that trial of lumbar traction has provided sustained relief and is therefore not medically necessary.

CT WITH CONTRAST OF CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The injured worker presents with a chronic history of neck and low back pain. There has been exhaustive conservative interventions without improvement including numerous physical therapy sessions. On 11/11/13, orthopedic spine surgery consultation was performed after which surgical intervention is being considered. As a part of that evaluation, request for diagnostic epidural steroid injections and lumbar diskography was recommended. Lumbar MRI performed on 1/5/13 was interpreted as severe L5-S1 desiccation with annular tear and L4-5 disc bulge and L1-2 desiccation with degenerative changes. It was further determined that 80% of low back pain represented axial low back pain. MTUS guidelines recommends CT myelography for preoperative planning when MRI is unavailable. In the case of this injured worker, there is no indication that MRI is unavailable or contraindicated and therefore the request for CT with contrast is not medically necessary.

CT WITH CONTRAST OF LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-309.

Decision rationale: The injured worker presents with a chronic history of neck and low back pain. There has been exhaustive conservative interventions without improvement including numerous physical therapy sessions. On 11/11/13 orthopedic spine surgery consultation was performed after which surgical intervention is being considered. Cervical MRI performed on 1/5/13 was interpreted as straightening of lordosis with disc space narrowing at C3-4 and C4-5 and C5-6. There was a moderate right C4-5 disc bulge with narrowing of the right foramen from a large broad-based disc bulge at C5-6 creating moderate central stenosis and severe right foraminal narrowing. MTUS guidelines recommend consultation with a specialist in matters regarding the selection of an imaging test to define potential cause for physiologic evidence to identify specific nerve compromise. Review of medical records does not indicate that the consultant recommended cervical CT with contrast. As such, the request is not medically necessary.

DISCOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-305.

Decision rationale: The injured worker presents with a chronic history of neck and low back pain. There has been exhaustive conservative interventions without improvement including numerous physical therapy sessions. On 11/11/13 orthopedic spine surgery consultation was performed after which surgical intervention is being considered. As a part of a preoperative evaluation, request for diagnostic epidural steroid injections and lumbar diskography was recommended. Lumbar MRI performed on 1/5/13 was interpreted as severe L5-S1 desiccation with annular tear and L4-5 disc bulge and L1-2 desiccation with degenerative changes. It was further determined that 80% of low back pain represented axial low back pain. Diskogram has been requested. MTUS guidelines indicate that when surgical fusion is being considered diskography may be used when specific criteria are met. In the case of this injured worker however, the request for discogram is not specific enough (for example providing the spine level to be tested) to evaluate its medical necessity and is therefore not medically necessary.