MAXIMUS Federal Services

Case Number:	CM15-0109604		
Date Assigned:	06/16/2015	Date of Injury:	06/10/2010
Decision Date:	07/17/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/05/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 63 year old female, who sustained an industrial injury on June 10, 2010, incurring lower back injuries, right hip, head and right upper extremity injuries after a fall from a chair that collapsed. She was diagnosed with lumbar and neck strain with buttock contusion, right trochanteric bursitis and wrist sprain. X rays revealed lumbar degenerative joint disease. Treatment included anti-inflammatory drugs, neuropathy medications, physical therapy, home exercise program, steroid injections, and work restrictions. Currently, the injured worker complained of numbness in the legs, low back pain, and left hip pain with decreased range of motion and poor mobility. She rated her pain a 10 on a pain scale of 1 to 10. The treatment plan that was requested for authorization included lumbar traction device, aquatic therapy with personal trainer for the lumbar spine and Magnetic Resonance Imaging of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar traction device: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 173, 181, 300, and 308.

Decision rationale: The ACOEM Guidelines do not support the use of this type of passive treatment for pain in the upper and lower back regions. Studies of lower back traction delivered along with a physical therapy program have not shown this treatment to provide greater benefit than placebo. The literature does not support using lower back traction for the treatment of lower back pain. The submitted and reviewed documentation indicated the worker was experiencing numbness and tingling in the legs, shoulder "issues," and back "issues." There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a traction unit is not medically necessary.

Aquatic therapy with personal trainer for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy, Physical Medicine Page(s): 22, page(s) 98-99.

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed documentation indicated the worker was experiencing numbness and tingling in the legs, shoulder "issues," and back "issues." The documented pain assessments were minimal and contained few of the elements encouraged by the Guidelines. There was no discussion describing a reason aqua therapy was expected to be more beneficial than a home exercise program. Further, the request was for an indefinite number of sessions, which would not account for changes in the worker's need, and the request was also for treatment with a non-medical professional with limited training. For these reasons, the current request for an indefinite number of sessions of aqua therapy with a personal trainer for the lumbar spine region is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-326.

Decision rationale: The ACOEM Guidelines recommend reserving advanced imaging of the lumbar spine with MRI for those with clear objective examination findings identifying specific nerve compromise when the symptoms and findings do not respond to treatment with conservative management for at least a month and when surgery remains a treatment option. These Guidelines also encourage that repeat advanced imaging should be limited to those with newly worsened or changed signs and symptoms. The submitted and reviewed documentation indicated the worker was experiencing numbness and tingling in the legs, shoulder "issues," and back "issues." Documented examinations did not detail findings consistent with an issue involving a specific spinal nerve. There was no discussion describing the worker as a candidate for surgery or special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for a MRI of the lumbar spine region is not medically necessary.