

Case Number:	CM15-0168830		
Date Assigned:	09/09/2015	Date of Injury:	06/15/2011
Decision Date:	10/14/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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 is a 51 year old female who sustained an industrial injury on 6-15-11. Diagnoses are left lumbar myofascial trigger points, herniated nucleus pulposus lumbar spine-L4-L5 with left sided tear, lumbar radiculopathy-left L4 and L5. Previous treatment includes a functional restoration program-initiated on 3-2-15, medications, MRI-lumbar spine 10-14-14 and 6-22-15, physical therapy, home exercise program, aqua therapy, transcutaneous electrical nerve stimulation, ice, modified duties, and epidural steroid injections. In a progress report dated 7-17-15, the primary treating physician notes the injured worker was seen in follow up with an exacerbation of an existing problem. She reports her pain is the same and she noticed a slight improvement with Cymbalta. She reports Lower back pain with occasional pain and numbness radiating to the left leg. Pain is rated as 7 out of 10. Symptoms are intermittent and are made worse by lifting and sitting, made better by rest. Cymbalta was increased to 20 mg twice a day. Work status is to return to regular work. The request for authorization dated 7-20-15 lists the following: lumbar support, exercise ball, adjustable cuff weights 10 pounds, Thera-cane, Stretching Strap, and Agility Ladder. On 7-29-15, utilization review denied Thera-cane for the lumbar spine, Stretching Strap for the lumbar spine, and an Agility Ladder for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thermacare for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 under Heat therapy.

Decision rationale: Based on the 07/17/15 progress report provided by treating physician, the patient presents with low back pain. The request is for THERMACARE FOR THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 07/20/15 includes lumbar radiculopathy. Diagnosis on 07/17/15 includes herniated nucleus pulposus, lumbar spine, L4-5 with left sided annular tear; and left lumbar myofascial trigger points. Physical examination findings for the lumbar spine are not remarkable. Treater states "gait appears normal and station is normal. No obvious pelvic obliquity noted." Treatment to date has included imaging studies, functional restoration program, physical therapy, home exercise program, aqua therapy, TENS, ice, modified duties, epidural steroid injections, and medications. Patient's medications include Naproxen and Cymbalta. Patient's work status unknown, however treater states in 07/17/15 report that the patient may return to work full duty. ODG, Low Back chapter under Heat therapy has the following: "Recommended as an option. A number of studies show continuous low-level heat wrap therapy to be effective for treating low back pain. One study compared the effectiveness of the Johnson & Johnson Back Plaster, the ABC Warme-Pflaster, and the Procter & Gamble ThermaCare HeatWrap, and concluded that the ThermaCare HeatWrap is more effective than the other two. Active warming reduces acute low back pain during rescue transport. Combining continuous low-level heat wrap therapy with exercise during the treatment of acute low back pain significantly improves functional outcomes compared with either intervention alone or control. There is moderate evidence that heat wrap therapy provides a small short-term reduction in pain and disability in acute and sub-acute low-back pain, and that the addition of exercise further reduces pain and improves function." In regard to the Thermacare heat wrap, the request is appropriate. There is no evidence that this patient has been provided with any heat therapy modalities to date. This patient presents with chronic lower back pain which is poorly controlled with other conservative options. Heat therapy is supported by guidelines as appropriate for this patient's chief complaint, and could produce functional benefits. Therefore, the request IS medically necessary.

Stretching strap for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Home Exercise kits and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Low back Chapter, Summary of Evidence and Recommendation Table 12-8, page 309.

Decision rationale: Based on the 07/17/15 progress report provided by treating physician, the patient presents with low back pain. The request is for STRETCHING STRAP FOR THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 07/20/15 includes lumbar radiculopathy. Diagnosis on 07/17/15 includes herniated nucleus pulposus, lumbar spine, L4-5 with left sided annular tear; and left lumbar myofascial trigger points. Physical examination findings for the lumbar spine are not remarkable. Treater states "gait appears normal and station is normal. No obvious pelvic obliquity noted." Treatment to date has included imaging studies, functional restoration program, physical therapy, home exercise program, aqua therapy, TENS, ice, modified duties, epidural steroid injections, and medications. Patient's medications include Naproxen and Cymbalta. Patient's work status unknown, however treater states in 07/17/15 report that the patient may return to work full duty. MTUS/ACOEM Guidelines, Low back Chapter, Summary of Evidence and Recommendation Table 12-8, page 309 recommends "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." ODG Guidelines, Knee and Leg Chapter under Home Exercise kits states: "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." ODG guidelines support home exercise kits for shoulder and knee conditions but does not discuss it for any other body parts. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." ODG guidelines, Low Back Chapter under Exercise states that exercise is recommended for treatment and prevention. Per FRP report dated 04/06/15, treater states that during the patient's "time in the HELP program, she was exposed to a stretching program which focused not only on her neck and shoulders, but her core, back and lower extremities as well. This helps promote increased flexibility, decreased muscle tension, and improved biomechanics during her exercise routine and functional activities. It also has the benefit of decreasing [the patient's] pain flaring that can be triggered by tension. With its multiple loops, it allows for better postural awareness and technique, which correlates to decreased tension and risk for flaring of her pain symptoms. We highly recommend authorization of this piece of equipment to continue to allow her to effectively stretch her entire body and manage her chronic pain." In this case, patient has a chronic low back pain condition, and has failed conservative treatment. ODG and ACOEM do support exercise for lower back pain. The requested stretching strap may be quite beneficial for this patient's chronic pain condition. Therefore, the request IS medically necessary.

Agility ladder for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg Chapter under Home Exercise kits and Other Medical Treatment Guidelines MTUS/ACOEM Guidelines, Low back Chapter, Summary of Evidence and Recommendation Table 12-8, page 309.

Decision rationale: Based on the 07/17/15 progress report provided by treating physician, the patient presents with low back pain. The request is for AGILITY LADDER FOR THE LUMBAR SPINE. Patient's diagnosis per Request for Authorization form dated 07/20/15 includes lumbar radiculopathy. Diagnosis on 07/17/15 includes herniated nucleus pulposus, lumbar spine, L4-5 with left sided annular tear; and left lumbar myofascial trigger points. Physical examination findings for the lumbar spine are not remarkable. Treater states "gait appears normal and station is normal. No obvious pelvic obliquity noted." Treatment to date has included imaging studies, functional restoration program, physical therapy, home exercise program, aqua therapy, TENS, ice, modified duties, epidural steroid injections, and medications. Patient's medications include Naproxen and Cymbalta. Patient's work status unknown, however treater states in 07/17/15 report that the patient may return to work full duty. MTUS/ACOEM Guidelines, Low back Chapter, Summary of Evidence and Recommendation Table 12-8, page 309 recommends "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." ODG Guidelines, Knee and Leg Chapter under Home Exercise kits states: "Recommended as an option. See Exercise, where home exercise programs are recommended; & Physical medicine treatment, where active self-directed home physical therapy is recommended." ODG guidelines support home exercise kits for shoulder and knee conditions but does not discuss it for any other body parts. ACOEM Guidelines page 309 under low back chapter recommends, "Low stress aerobic exercise." ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." ODG guidelines, Low Back Chapter under Exercise states that exercise is recommended for treatment and prevention. Per FRP report dated 04/06/15, treater states "the agility ladder challenges the user to maintain proper balance and proprioceptive control during coordinated lower extremity movements. [The patient] was instructed and demonstrated independence in the use of the agility ladder in improving her proprioceptive response and dynamic balance. It is recommended that she receive this piece of equipment if she is to be successful in transitioning to a home exercise program." In this case, patient has a chronic low back pain condition, and has failed conservative treatment. ODG and ACOEM do support exercise for lower back pain. The requested agility ladder may be quite beneficial for this patient's chronic pain condition. Therefore, the request IS medically necessary.