

Case Number:	CM15-0203341		
Date Assigned:	10/20/2015	Date of Injury:	11/10/2000
Decision Date:	12/02/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/15/2015

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 71 year old male, who sustained an industrial injury on 11/10/2000. The injured worker was diagnosed as having status post decompression and fusion L5-S1 (1990), status post removal of hardware lower back, anterior-posterior fusion L3-5 with revision decompression L4-5 (6-2007), status post removal of hardware and exploration of fusion (7-2008), status post left total knee arthroplasty, and L1-2 spondylolisthesis grade 1. Treatment to date has included diagnostics, multiple lumbar spinal surgeries, and medications. Currently (9-24-2015), the injured worker complains of "increased" back pain and difficulty sleeping secondary to his mattress and low back pain. He requested replacement of his mattress, as his was "worn and no longer supportive to his spine". Physical exam noted "difficulty walking" and "difficulty changing position". His motion was "restricted" and was associated with guarding and muscle spasm. His body mass index was not noted. The treating physician noted that x-rays on 9-24-2015 showed decreased disc space at L1-2 and L2-3. His work status was permanent and stationary. The treatment plan included an orthopedic mattress, to reduce nighttime pain and improve sleep hygiene, and aquatic therapy, noting that he was deconditioned and having trouble even following his home exercise program. On 10-14-2015, Utilization Review non-certified a request for aqua therapy for the lumbar spine, 3x4, and an orthopedic support mattress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic therapy 3 X 4, lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with increased back pain with difficulty sleeping at night secondary to his mattress and low back pain. The treater has asked for AQUATIC THERAPY 3 X 4, LUMBAR SPINE on 9/24/15. The patient's diagnoses per request for authorization dated 10/8/15 are arthrodesis status, other vert disc degen lumbosac region. The patient is s/p fusion L5-S1 from 1990 and anterior/posterior fusion L3-5 with revision decompression L4-5 from 6/21/07. The patient denies any new injury or falls per 9/24/15 report. The patient's mattress is worn and no long supportive of his spine per 9/24/15 report. The patient is currently having more difficulty with day-to-day activities and having difficulty with home exercise program per 9/24/15 report. The patient is currently permanent and stationary per 9/24/15 report. MTUS Guidelines, Aquatic therapy section, page 22 states: "Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy –including swimming-, can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. For recommendations on the number of supervised visits, see Physical medicine." MTUS Guidelines, Physical Medicine section, pages 98-99 state: "Allow for fading of treatment frequency -from up to 3 visits per week to 1 or less-, plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified, 8-10 visits over 4 weeks. Reflex sympathetic dystrophy: 24 visits over 16 weeks." The treater is requesting 12 sessions of aquatic therapy "as he is quite deconditioned at this time and has difficulty even following his home exercise program" per 9/24/15 report. The patient has difficulty walking, difficulty changing positions and getting onto examining table, with restricted motion and guarding per 9/24/15 report. Review of the reports do not show any evidence of prior aquatic therapy. However, the requested 12 sessions exceeds MTUS guidelines, which recommend 8-10 sessions of physical therapy in non-operative cases. Therefore, the request IS NOT medically necessary.

Lumbar mattress, orthopedic: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-mattress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, under Durable Medical Equipment Low Back - Lumbar & Thoracic Chapter, under Mattress.

Decision rationale: Based on the 9/24/15 progress report provided by the treating physician, this patient presents with increased back pain with difficulty sleeping at night secondary to his mattress and low back pain. The treater has asked for LUMBAR MATTRESS, ORTHOPEDIC on 9/24/15. The patient's diagnoses per request for authorization dated 10/8/15 are arthrodesis status, other vert disc degen lumbosac region. The patient is s/p fusion L5-S1 from 1990 and anterior/posterior fusion L3-5 with revision decompression L4-5 from 6/21/07. The patient denies any new injury or falls per 9/24/15 report. The patient's mattress is worn and no long supportive of his spine per 9/24/15 report. The patient also has restricted range of motion of the left knee per 9/24/15 report. The patient is currently having more difficulty with day-to-day activities and having difficulty with home exercise program per 9/24/15 report. The patient is currently permanent and stationary per 9/24/15 report. ODG-TWC, Knee & Leg Chapter, under Durable Medical Equipment, states that DME is defined as equipment which is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury. ODG-TWC, Low Back - Lumbar & Thoracic Chapter, under Mattress Selection states, "Not recommended to use firmness as sole criteria. Mattress selection is subjective and depends on personal preference and individual factors. On the other hand, pressure ulcers (e.g., from spinal cord injury) may be treated by special support surfaces (including beds, mattresses and cushions) designed to redistribute pressure. (McInnes, 2011)" The treater is requesting an orthopedic mattress as "he would likely benefit from a supportive mattress to help reduce his nighttime pain as well as symptoms to improve sleep hygiene" per 9/24/15 report. ODG guidelines do not support "any type of specialized mattress or bedding as a treatment for low back pain." While ODG supports specialized mattress for pressure ulcers designed to redistribute pressure, there is no mention of pressure ulcers that would warrant a special support surface. This request is not in accordance with guideline criteria. Therefore, the request IS NOT medically necessary.