

Case Number:	CM15-0057763		
Date Assigned:	04/02/2015	Date of Injury:	12/10/2011
Decision Date:	05/08/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/26/2015

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, Hawaii
 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 43 year old female who sustained an industrial injury on 12/10/11. The injured worker reported symptoms in the back, hips, and lower extremities. The injured worker was diagnosed as having lumbar or thoracic radiculopathy, dysthymic disorder, facet syndrome, myofascial pain syndrome and sacroiliitis. Treatments to date have included physical therapy, oral pain medication, analgesics, injections, psychologist treatment, exercise, swimming, transcutaneous electrical nerve stimulation unit, and chiropractic treatments. Currently, the injured worker complains of pain in the back, hips, and lower extremities. The plan of care was for physical therapy and a follow up appointment at a later date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the lumbar spine, quantity 3 treatments: Overturned

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

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

Decision rationale: The patient presents with complaints of pain in the back, hips and lower extremities. The injured worker was diagnosed as having lumbar or thoracic radiculopathy, dysthymic disorder, facet syndrome, myofascial pain syndrome and sacroiliitis. The current request is for physical therapy for the lumbar spine, quantity 3 treatments. Based upon the physician's RFA (72B) the request is specific to "physical therapy 3X1 for traction, inversion table trial 1 month". On 2/25/15 (73B) the treating physician states, "The current request for three session of physical therapy for lumbar traction will be appealed". The physician goes on to surmise in his appeal dated 2/26/15 (80B), that the injured worker has "tired multiple modalities of conservative treatment" and that there is "no clear indication for surgical intervention and conservative modalities need to be explored to the fullest". Finally, the physician notes "traction has shown to be beneficial". MTUS Guidelines indicate that Physical Therapy is recommended: Physical Medicine Guidelines: "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". In this case, it is unclear how many sessions this injured worker has completed of PT in the past but based upon the evaluator's report dated 9/29/14 (39B), "The patient has been taken through extensive physical therapy as well as a brief course of chiropractic treatment". Thus, given that the clinical history fails to document the amount of PT this injured worker has completed, fails to document an exacerbation and/or a new injury, additional PT might appear to be in excess of MTUS Guidelines. However, if we examine this request specific to the proposed use of traction as requested by the treating physician we find that the clinical history notes traction has not been attempted yet with this injured worker. MTUS is silent regarding Traction. ODG states, "Not recommended using powered traction devices, but home-based patient controlled gravity traction may be a noninvasive conservative option, if used as an adjunct to a program of evidence-based conservative care to achieve functional restoration. As a sole treatment, traction has not been proved effective for lasting relief in the treatment of low back pain. Traction is the use of force that separates the joint surfaces and elongates the surrounding soft tissues. The evidence suggests that any form of traction may not be effective. Neither continuous nor intermittent traction by itself was more effective in improving pain, disability or work absence than placebo, sham or other treatments for patients with a mixed duration of LBP, with or without sciatica. There was moderate evidence that autotraction (patient controlled) was more effective than mechanical traction (motorized pulley) for global improvement in this population. Traction has not been shown to improve symptoms for patients with or without sciatica". In this case, the clinical history does note the patient suffers from sciatica conditions and that the patient would treat with traction in addition to physical therapy. Therefore, the current request is medically necessary and the recommendation is for authorization.