

Case Number:	CM14-0099337		
Date Assigned:	09/12/2014	Date of Injury:	02/13/2013
Decision Date:	10/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient sustained an injury on 2/13/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits. Hand-written report of 6/3/14 from the PA-c noted patient with LBP rated at 7/10 with B/L lower extremity tingling and numbness to knees; increased with activity. Exam showed TTP over thoracic; lumbar L5-S1; unspecified decreased sensation with decreased extension of 15 degrees. Diagnoses include lumbar sprain/strain; myofascial pain. Treatment include acupuncture therapy, pain management; lumbar traction due to persistent pain and radiculopathy. The patient remained TTD status. Appeal report of 6/24/14 from the Physician Assistant noted patient with constant lumbar region pain radiating to buttocks and legs associated with numbness, tingling, and weakness in left lower extremity with request for reconsideration of aquatic therapy. The request(s) for Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits were not medically necessary. On 6/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Traction: 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): 300.

Decision rationale: This patient sustained an injury on 2/13/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits. Hand-written report of 6/3/14 from the PA-c noted patient with LBP rated at 7/10 with B/L lower extremity tingling and numbness to knees; increased with activity. Exam showed TTP over thoracic; lumbar L5-S1; unspecified decreased sensation with decreased extension of 15 degrees. Diagnoses include lumbar sprain/strain; myofascial pain. Treatment include acupuncture therapy, pain management; lumbar traction due to persistent pain and radiculopathy. The patient remained TTD status. Appeal report of 6/24/14 from the Physician Assistant noted patient with constant lumbar region pain radiating to buttocks and legs associated with numbness, tingling, and weakness in left lower extremity with request for reconsideration of aquatic therapy. The request(s) for Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits were non-certified on 6/11/14. Per ACOEM Treatment Guidelines for the Low Back, traction has not been proved effective for lasting relief in treating low back pain. Because evidence is insufficient to support using vertebral axial decompression for treating low back injuries, it is not recommended. Per ODG, low back condition is 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. Submitted reports have not demonstrated the indication or medical necessity for this traction unit. The Lumbar Traction is not medically necessary and appropriate.

Lidoderm Patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: This patient sustained an injury on 2/13/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits. Hand-written report of 6/3/14 from the PA-c noted patient with LBP rated at 7/10 with B/L lower extremity tingling and numbness to knees; increased with activity. Exam showed TTP over thoracic; lumbar L5-S1; unspecified decreased sensation with decreased extension of 15 degrees. Diagnoses include lumbar sprain/strain; myofascial pain. Treatment include acupuncture therapy, pain management; lumbar traction due to persistent pain and radiculopathy. The patient remained TTD status. Appeal report of 6/24/14 from the Physician Assistant noted patient with constant lumbar region pain radiating to buttocks and legs associated with numbness, tingling, and weakness in left lower extremity with request for reconsideration of aquatic therapy. The request(s) for Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits

were non-certified on 6/11/14. The patient exhibits diffuse pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. Lidoderm patch 5% #30 is not medically necessary and appropriate.

Aquatic Therapy Trial for the Lumbar Spine x6 Visits: Upheld

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

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

Decision rationale: This patient sustained an injury on 2/13/13 while employed by [REDACTED]. Request(s) under consideration include Lumbar Traction, Lidoderm Patches 5% #30, and Aquatic Therapy Trial for the Lumbar Spine x6 Visits. Hand-written report of 6/3/14 from the PA-c noted patient with LBP rated at 7/10 with B/L lower extremity tingling and numbness to knees; increased with activity. Exam showed TTP over thoracic; lumbar L5-S1; unspecified decreased sensation with decreased extension of 15 degrees. Diagnoses include lumbar sprain/strain; myofascial pain. Treatment include acupuncture therapy, pain management; lumbar traction due to persistent pain and radiculopathy. The patient remained TTD status. Appeal report of 6/24/14 from the Physician Assistant noted patient with constant lumbar region pain radiating to buttocks and legs associated with numbness, tingling, and weakness in left lower extremity with request for reconsideration of aquatic therapy. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. Per Guidelines, physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and work status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. Submitted reports have not adequately demonstrated the indication to support for the pool therapy. The Aquatic Therapy Trial for the Lumbar Spine x6 Visits is not medically necessary and appropriate.