

Case Number:	CM15-0091473		
Date Assigned:	05/15/2015	Date of Injury:	05/14/2012
Decision Date:	07/02/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/12/2015

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: Family Practice

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 46 year old female, who sustained an industrial injury on 5/14/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar stenosis, chronic pain syndrome, low back pain, lumbar disc pain, lumbar degenerative disc disease, lumbar radicular pain, and myalgia. Treatment to date has included diagnostics, opioids, non-steroidal anti-inflammatory drugs, topical medications, lumbar epidural steroid injection, and unspecified physical therapy. Currently, the injured worker complains of worsening low back pain, as medications and treatments are repeatedly denied. She was taking over the counter pain relievers and reported that they were not very helpful. Pain was rated 10/10 without medications and was not rated with medication use. She reported that pain was limiting her ability to function, with depression due to the inability to work and stay active. She also reported difficulty sleeping and requested a therapeutic mattress. She requested surgical consultation due to failed lumbar epidural steroid injection. She wished to return to physical therapy (PT) and worked on home exercise program daily. She stated that PT helped her pain and range of motion in the past. Physical exam noted an antalgic gait, 5-/5 bilateral lower extremity motor strength, intact and equal sensation, tenderness over the paraspinals, limited range of motion due to pain, and positive bilateral straight leg raise test. Magnetic resonance imaging of the lumbar spine (12/05/2012) was documented to show L4-5 mild disc desiccation, and posterior and lateral annulus bulging of at least 4mm in the paracentral regions with endplate bone spurring, facet arthropathy, and mild to moderate left and moderate to severe right neural foraminal stenosis. At L4-5, mild disc desiccation and posterior and lateral annulus bulging of at

least 3mm, arthropathy, and mild caudal foraminal narrowing. Electrodiagnostics studies of the lower extremities (9/17/2014) were documented as showing evidence of chronic mild bilateral L4 radiculitis. The treatment plan included physical therapy for the low back x6, a therapeutic mattress, Cymbalta, updated magnetic resonance imaging of the lumbar spine, and a surgical consult for the low back. Her work status was documented as temporary total disability and permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation -Therapeutic Mattress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

Decision rationale: According to the Official Disability Guideline's, there are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain. 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. The request of a specialized mattress to address the injured worker's low back pain is not supported. The request for Therapeutic mattress is not medically necessary and appropriate.

Six (6) Physical therapy sessions for the low back (1-2 x 4-6): 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 Chapter, Physical Therapy.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The medical records note that modification has been allowed to allow for three sessions of physical therapy which should

suffice in re-educating the injured worker in a home exercise program. The medical records note that the injured worker has failed conservative care and additional treatment is being sought. The medical records do not establish how an additional course of physical therapy would alter this injured worker's course of treatment. The request for Six (6) Physical therapy sessions for the low back (1-2 x 4-6) is not medically necessary and appropriate.

MRI of the lumbar spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation Low Back Chapter, Magnetic Resonance Imaging (MRI).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 303-304.

Decision rationale: According to ACOEM guidelines, imaging of the low back should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. In this case, the injured worker's last imaging was performed 2 1/2 years ago and demonstrated stenosis. The injured worker has not responded to conservative care and remains with subjective and positive physical examination findings. Request is submitted for surgical consultation, and the request for updated imaging is supported. The request for MRI of the lumbar spine is medically necessary and appropriate.

Surgical consultation for the low back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter 7, Independent Medical Examinations and Consultations: page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints page(s): 305.

Decision rationale: According to the CA MTUS ACOEM guidelines, referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The medical records note evidence of neural foraminal stenosis on imaging studies and electrodiagnostic evidence of radiculopathy. The injured worker remains symptomatic and has failed conservative treatment. The request for specialty consultation is supported. The request for surgical consultation for the low back is medically necessary and appropriate.