

Case Number:	CM14-0155480		
Date Assigned:	09/25/2014	Date of Injury:	02/13/2006
Decision Date:	11/05/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/23/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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:

The injured worker has a history of a work injury occurring on 02/13/08 occurring while arresting a combative suspect. He fell landing on his back and had right calf pain. Treatments included medications, a lumbar epidural injection, and physical therapy. An MRI scan of the lumbar spine had shown abnormalities and in April 2009 surgery had been recommended. On 03/05/14, he was having ongoing low back pain radiating into the legs. Pain was rated at 5/10. Medications were Celebrex, Zanaflex, and Norco. Physical examination findings included decreased lumbar spine range of motion with paraspinal muscle tenderness and spasm. There was right sciatic notch tenderness. He had decreased right lower extremity strength and decreased left lower extremity sensation. Straight leg raising was negative. He was referred for physical therapy. Authorization for an MRI of the lumbar spine was requested. An MRI of the lumbar spine on 07/21/14 showed findings of a moderate L5-S1 central disc protrusion. He was seen for an orthopedic evaluation on 08/13/14. He had complaints of low back pain radiating into the lower extremities with stress, anxiety, depression, and sexual dysfunction. His history of injury and subsequent treatment were reviewed. He had been seen in an Emergency Room in May 2014 with severe low back pain. Recent MRI results were reviewed. Physical examination findings included decreased lower extremity sensation with lumbar spine paraspinal muscle tenderness with spasm and guarding. There was decreased lumbar spine range of motion. He had pain radiating to the knees with straight leg raising. Norco 10/325 mg #120, Flexeril 10 mg #60, and Celebrex 200 mg #30 were prescribed. Authorization for pool therapy, a home interferential unit, a lumbar orthosis, and for a pain management evaluation was requested. On 10/01/14 he was having ongoing low back pain radiating into the lower extremities. Symptoms had decreased with pool therapy and had decreased spasms. He wanted to try to return to work.

Physical examination findings included bilateral sciatic notch and paraspinal muscle tenderness with decreased range of motion. He had back pain with straight leg raising. Additional pool therapy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Interferential Current Stimulation; Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The injured worker is more than 5 years status post work-related injury and continues to be treated for chronic low back pain with bilateral lower extremity radicular symptoms. Treatments have included medications, a lumbar epidural injection, and physical therapy. Lumbar spine surgery had previously been recommended. In terms of interferential current stimulation, criteria for continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, there is no evidence that these criteria have been met. Therefore, the requested interferential unit was not medically necessary.

Lumbosacral orthosis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 138-139.

Decision rationale: The injured worker is more than 5 years status post work-related injury and continues to be treated for chronic low back pain with bilateral lower extremity radicular symptoms. Treatments have included medications, a lumbar epidural injection, and physical therapy. Lumbar spine surgery had previously been recommended. Guidelines recommend against the use of a lumbar support other than for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. In this case, there is no spinal instability or other condition that would suggest the need for a lumbar orthosis and the injured worker has not undergone surgery. Lumbar supports have not been shown to have lasting benefit beyond the acute phase of symptom relief. Prolonged use of a support may discourage recommended exercise and activity with possible weakening of the spinal muscles, potential worsening the spinal's condition. Therefore, the request is not medically necessary.

Aquatic therapy three times a week for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Aquatic Therapy Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines, Lumbar & Thoracic; Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6:, p87

Decision rationale: The injured worker is more than 5 years status post work-related injury and continues to be treated for chronic low back pain with bilateral lower extremity radicular symptoms. Treatments have included medications, a lumbar epidural injection, and physical therapy. Lumbar spine surgery had previously been recommended. A trial of aquatic therapy is recommended for patients with chronic low back pain or other chronic persistent pain who have co-morbidities, such as obesity or significant degenerative joint disease that could preclude effective participation in weight-bearing physical activities. In this case, the injured worker had previously been able to participate in land based physical therapy treatments. There would be no contraindication to performing weight bearing activities. Therefore, the requested aquatic therapy is not medically necessary.