

Case Number:	CM13-0017887		
Date Assigned:	12/04/2013	Date of Injury:	10/17/2003
Decision Date:	02/13/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 17, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; x-ray of the lumbar spine of February 5, 2013, notable for low-grade degenerative disk disease of uncertain clinical significance; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said limitations in place. In a utilization review report of August 22, 2013, the claims administrator reportedly denied a request for a cane, partially certified a request for land-based therapy, and denied a request for aquatic therapy. Six sessions of land-based therapy were partially certified, it is noted. The applicant later appealed. An earlier note of July 24, 2013 is notable for comments that the applicant reports persistent low back pain, 6/10. She is having difficulty sleeping, it is stated. She is able to cook, dress, and groom herself, and shop. She is unable to do bathing or cleaning secondary to pain, she states. Her sitting and standing tolerances are diminished. She has a past medical history notable for GERD, irritable bowel syndrome, and depression. She does exhibit strength about the lower extremities ranging from 4-5/5. She has multiple palpable trigger points. A cane, aquatic therapy, and physical therapy are sought. It is stated that the usage of the cane will help to reduce pressure on the applicant's legs. She is using Flexeril and Protonix, it is further stated. The applicant is not working, it is suggested on a medical legal evaluation of February 5, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two (2) times a week for five (5) weeks for the lumbar spine (total 10):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

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

Decision rationale: Provision of the 10 sessions of physical therapy alone would represent treatment at the upper end of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts. It is noted that the MTUS endorses tapering or fading the frequency of physical therapy over time. The request, thus, is not compatible with the MTUS injunction to emphasize active therapy, active modalities, and self-directed home physical medicine. It is further noted it is not clearly stated how much prior therapy the applicant has had over the life of the claim and/or what the goals of current therapy are, going forward. It is not clearly stated how the applicant responded to therapy in the past. There is, consequently, no demonstration of functional improvement present here which would justify additional treatment at the upper end of the guideline, some 10 years remote from the date of injury. Therefore, the request is not certified.

Aqua therapy two (2) times a week for six (6) weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aqua Therapy Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in those applicants who are immobile, deconditioned, and are otherwise unable to participate in land-based therapy or land-based exercises as, for example, those individuals with extreme obesity. In this case, however, the applicant's gait was not documented or described on the most recent office visit. There is no mention of any gait derangement or medical conditions or diagnoses which would support the proposition that the applicant is unable to perform land-based therapy or land-based exercises. Therefore, the request for aquatic therapy is not certified.

1 Single point cane: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in chapter 12, it is an imperative to make every attempt to maintain the applicant at maximum levels of activity, both at home and at work. In this case, it is not clearly stated why provision of a cane would be beneficial or salubrious here. It is not clearly stated what sort of gait does the applicant has which would require a cane to rectify a remedy. Provision of a cane without any marked gait derangement would in effect serve to reduce the applicant's levels of activity, which runs counter to the philosophy espoused in ACOEM chapter 12.