

Case Number:	CM13-0028621		
Date Assigned:	03/19/2014	Date of Injury:	07/07/2013
Decision Date:	04/30/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 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 patient is a female who was injured on 09/04/2013. The patient sustained an injury in the neck and low back area while lifting a surgical tray weighing approximately 30 pounds. PR dated 08/06/2013 documented the patient to have complaints of low back stiffness, average pain 6-7/10 and radicular symptoms. She reported it's worse after prolonged sitting and driving. She has not had PT yet. Objective findings on exam revealed positive mild low back stiffness and low back with moderate tenderness. L/S spine range of motion is slightly decreased with slower motions strength and sensation in the lower extremities grossly normal. PR2 dated 07/30/2013 documented the patient to have reported she is feeling worse since the last visit, 07/15/2013. She has not worked since 07/17/2013. She reported constant LBP 8-10/10 scale and frequent spasms. PR2 dated 07/15/2013 stated the patient reported feeling better overall. She reported Soma is too strong and Naprosyn caused upset stomach. She reported overall mild pain with radicular symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 3 TIMES A WEEK FOR 4 WEEKS FOR THE CERVICAL AND THORACIC: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC, PHYSICAL THERAPY, NECK AND UPPER BACK, LOW BACK.

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

Decision rationale: The medical records do not appear to document the existence of clinically significant functional deficits on examination as to establish medical necessity for additional physical therapy. The medical records indicate the patient has undergone a course of physical therapy along with instruction in home exercises. The guidelines state patients are expected to continue activity therapies at home as an extension of the treatment process in order to maintain improvement. Thus, physical therapy is non-certified.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC, FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 21, 81.

Decision rationale: The medical records do not establish that a functional capacity evaluation is medically indicated for the management of this patient. There are not documented failed returns to work attempts, conflicting medical reporting on precautions or fitness to perform modified job duties, or injuries that require detailed exploration of her abilities. She has returned to modified duty. In addition, the patient is not a candidate for a work hardening program. Consequently, the medical necessity of a functional capacity evaluation has not been established. Functional capacity evaluation is non-certified.

BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC, LOW BACK.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 9, 27.

Decision rationale: According to the evidence based guidelines, there is no evidence that back supports are effective in preventing back pain. These devices have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The patient is approaching 1 year status post her industrial injury date. A back brace is not recommended under the guidelines. At this juncture, the use of devices such as lumbar support should be avoided, as these have not been shown to provide any notable benefit, and prolonged use has potential to cause weakness and atrophy of the paraspinal musculature. The medical necessity of a back brace has not been established. Back brace is non-certified.

CERVICAL PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-TWC, NECK AND UPPER BACK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), NECK, PILLOW.

Decision rationale: The medical records do not clearly detail subjective complaints and clinical findings pertaining to the cervical spine, substantiating the patient has pain and difficulty sleeping secondary to a cervical spine complaints. Concurrent exercise program has not been addressed. The medical necessity of the request for cervical pillow has not been established. Cervical pillow is non-certified.