

Case Number:	CM13-0033566		
Date Assigned:	12/06/2013	Date of Injury:	09/10/2009
Decision Date:	02/18/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	10/10/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 60 year old female who reported an injury on 12/07/2010 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injuries to multiple body parts which included the lumbar spine. Prior treatments included physical therapy, aqua therapy, medications, and psychiatric support. The patient's most recent clinical examination findings included restricted range of motion secondary to pain of the cervical spine, restricted range of motion of the lumbar spine secondary to pain, diminished sensation along the L4 nerve distribution and right lower extremity. The patient's diagnoses included chronic low back pain, degenerative disc disease of the lumbar spine, and herniated disc of the lumbar spine. The patient's treatment plan included a Functional Capacity Evaluation, a specialty consultation with a gastroenterologist and continued nonsteroidal anti-inflammatory drugs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ice pack/heating pad: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested ice pack/heating system is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain related to the lumbar spine. American College of Occupational and Environmental Medicine does recommend alternation between cold and heat therapy. However, the clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to self managed hot and cold therapy. Therefore, the purchase of an ice pack/heating pad would not be medically necessary or appropriate.

Physical therapy 3 x 6 for lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: The requested physical therapy 3 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously participated in physical therapy. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain improvement levels obtained during skilled physical therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in an active home exercise program. Therefore, a short course of treatment would be indicated to re-establish and re-educate the patient in a home exercise program. However, the requested 3 times a week for 6 weeks is considered excessive. Therefore, the requested physical therapy 3 times a week for 6 weeks for the lumbar spine is not medically necessary or appropriate.