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| Case Number: | CM13-0035908 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 11/24/2005 |
| Decision Date: | 02/24/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

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 Orthopedic Surgery 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. 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 38 year old female who was injured in a work related accident on 11/24/05. Clinical records for review include documentation that the patient has been receiving behavioral medicine evaluations for underlying diagnosis of pain disorder, major depressive disorder and sleep disorder as late as 10/25/13. There is also indication of continued physical therapy treatment for low back related complaints in October of 2013. A recent clinical assessment from 10/09/13 with subjective complaints of bilateral heel pain, sciatica left greater than right, with no demonstration of benefit from previous treatment including epidural steroid injections noted. Objectively, there is noted to be tenderness to palpation of the lumbar musculature with no spasm, positive straight leg raising and equal and symmetric deep tendon reflexes. Further epidural steroid injections were recommended at that time. Further physical examination findings in regard to the patient's lumbar spine were not noted. There is a current request for use of a functional restoration program, a repeat MRI of the lumbar spine, and a six month request for an aquatic therapy program. Previous orthopedic assessment from 07/15/13 showed physical examination with equal and symmetrical reflexes, low back pain with straight leg testing, tenderness to the plantar fascia, but no musculature or sensory changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program (FRP) evaluation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs Page(s): 49.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a functional restoration program is not supported. At this point in time, there is no difficulty in assessing the claimant's current treatment, for which she is undergoing a significant course of behavioral assessments, medication management, lumbar treatment in the previous epidurals, and recent course of formal physical therapy. There is at present no documentation of the claimant's inability to function independently given her above diagnosis. In absence of objective findings on examination demonstrating a formal issue to the specific request for the functional program in this case would not be indicated.

Lumbar MRI: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287.

Decision rationale: Based on California MTUS Guidelines, an MRI scan would not be indicated. Guidelines would indicate the role of an MRI scans in unequivocal objective findings that identify specific nerve compress on neurologic examination as evidence to warrant further testing. The records in this case do not indicate an acute neurologic process to the low back or legs. The claimant is with a normal motor sensory and reflexive examination to the lower extremities at recent assessments for review. Absence of significant change in course of symptoms would fail to necessitate the role of this imaging testing.

6 month self-directed aquatic therapy program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy..

Decision rationale: California MTUS Chronic Pain Guidelines would not support the role of six months of aquatic therapy. While aquatic therapy can be utilized as an optional form of physical therapy, guideline criteria would not recommend the role of the six months of treatment in the postacute phase of care. Guideline criteria would indicate a short course of formal physical therapy for symptomatic flare of chronic conditions. However, the specific request for six months of aquatic treatment in this case would exceed guidelines and would not be indicated.

