MAXIMUS Federal Services

Case Number:	CM13-0061615		
Date Assigned:	12/30/2013	Date of Injury:	06/27/2010
Decision Date:	04/16/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/05/2013

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 Pennsylvania. 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:

This claimant is a 54-year-old individual injured in a work-related accident on June 27, 2010, sustaining injury to the low back. The records for review included a recent orthopedic follow-up of October 1, 2013 documenting ongoing complaints of pain in the low back radiating to the right lower extremity, pain about the wrist and hand on the left, as well as left shoulder and right hip. Specific to the low back, there was noted to be restricted lumbar range of motion with tenderness to palpation with myofascial spasm noted. There were no documented neurologic findings. The claimant's working diagnosis was lumbar radiculitis and facet syndrome with chronic pain syndrome and history of a prior cervical fusion procedure. An injection of intramuscular Toradol was provided at that date as well as recommendations for an interferential unit for home use, a lumbar support, and eight additional sessions of aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Aquatic Therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Aquatic Therapy and Physical Medicine Page(s): 22, 98-99.

Decision rationale: Based on the MTUS Guidelines, aquatic physical therapy for eight sessions would not be indicated. The employee has chronic complaints of low back issues, for which documentation indicates prior and recent therapeutic intervention in the form of therapy. While Chronic Pain Guidelines do recommend the role of physical therapy in the chronic setting, this employee has already utilized such modality with no indication as to why a transition to a home exercise program or inability to perform typical land-based home exercises would not be indicated.

Lumbar Support: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 1 Prevention Page(s): 298, 301,9.

Decision rationale: The MTUS ACOEM Guidelines do not support the role of a lumbar brace. ACOEM Guidelines indicate that bracing is only beneficial for short-term inflammatory flares in the acute setting. The employee's current working diagnosis and clinical picture of chronic complaints would not support the role of lumbar support.

IF Unit for home: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines do not support the request for an interferential unit. An interferential unit is utilized as a therapeutic modality in conjunction with measures such as returning to work, exercise, and medications. There is no documentation in the records provided for review to support that the employee is attempting to return to work or exercise. Its current use for this employee's current chronic setting would thus not be indicated.