

Case Number:	CM13-0066114		
Date Assigned:	01/03/2014	Date of Injury:	10/16/2012
Decision Date:	06/23/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/16/2013

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 34-year-old male who has submitted a claim for symptomatic degenerative lumbar facet joint arthropathy, bilateral associated with an industrial injury date of October 16, 2012. Medical records from 2012-2013 were reviewed showing the patient having persistent low back pain grade 6/10 characterized as a nerve-type pinching pain with muscle spasm in the upper lumbar segments and some radiation to the bilateral buttocks region. Physical examination showed limited range of motion of the lumbar area and pain on forward flexion and extension. The patient demonstrated an antalgic and slightly asymmetric gait. There was tenderness throughout the lumbar paraspinal region bilaterally as well as over the spinous processes of the mid and lower lumbar segments. Sensory and motor functions in the lower extremities were intact. MRI of the lumbar spine, dated December 14, 2012, was significant for the presence of concentric broad-based bulge with mild central narrowing at L4-L5 and L3-L4 and no central narrowing at L5-S1. There was also mild bilateral neuroforaminal narrowing at L4-L5 and L3-L4 and moderate bilateral neuroforaminal narrowing at L5-S1. Treatment to date has included medications, electrostimulation, heating elements, foam roller, resistance bands, physical therapy, activity modification, diagnostic lumbar medial branch block at bilateral L3, L4 and L5, and lumbar medial branch neurotomy at bilateral L3, L4 and L5. Utilization review from December 13, 2013 denied the request for 6 additional physical therapy sessions since there was no documentation of symptomatic or functional improvement from previous therapy session such as increased strength, increased range of motion, or decreased pain. The request for pool therapy was also denied because there is no documentation of a failed land-based therapy and no documentation of inability to tolerate a gravity-resisted program. In addition, the request for heating pad was denied as well because it is not recommended after acute phase of injury and has no proven long-term efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY QUANTITY 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, , 98-99

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Physical Therapy

Decision rationale: As stated on pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, Official Disability Guidelines (ODG), Low Back Section, recommend 10 physical therapy visits over 8 weeks for lumbar sprains and strains and fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. In this case, the patient had 12 physical therapy sessions after the lumbar medial branch neurotomy as stated on a progress report dated December 5, 2013. There were documentations of the said sessions, which showed improvement of the patient's symptoms on the early part of the treatment. However, patient developed increased pain on the last two physical therapy sessions dated November 25, 2013 and December 2, 2013. The documented rationale of additional sessions of physical therapy was to complete his strengthening program. The medical necessity has been established. However, the present request failed to specify the frequency of sessions, as well as the body part to be treated. Therefore, the request for physical therapy is not medically necessary.

POOL THERAPY QUANTITY 8: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, , 98-99

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

Decision rationale: As stated on page 22 of CA MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based therapy. Aquatic therapy can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. In this case, there was no mention that the patient previously had pool therapy. There is no indication of a failed land-based therapy and inability to tolerate a gravity-

resisted program. Moreover, there is no documentation regarding body mass index that may warrant water-based therapy. There is also no documentation stating the need for such treatment. Furthermore, the present request failed to specify the frequency of sessions, as well as the body part to be treated. Therefore, the request for pool therapy is not medically necessary.

HEATING PAD QUANTITY 1: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Cold/heat packs

Decision rationale: The CA MTUS does not address heating pads specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back section, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain; at home, local applications of cold/heat packs in the first few days of acute complaint, thereafter, applications of heat packs or cold packs as needed. It also states that continuous low-level heat wrap therapy is superior to both acetaminophen and ibuprofen for treating low back pain. In this case, patient had an acute exacerbation of his low back pain, as stated on the most recent progress report dated December 5, 2013. The documented rationale given for requesting heating pad was for the transition to his home exercise program after completing his physical therapy sessions. The medical necessity has been established. However, the present request failed to specify the body part to be treated. Therefore, the request for Heating Pad is not medically necessary.