

Case Number:	CM14-0006047		
Date Assigned:	03/03/2014	Date of Injury:	03/01/2012
Decision Date:	07/02/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 64-year-old female, who has submitted a claim for cervical degenerative disc disease, cervical radiculopathy and lumbar degenerative disc disease; associated with an industrial injury date of March 1, 2012. The medical records from 2013 were reviewed, which showed that, the patient complained of pain in the right lumbosacral junction, radiating down the right lower extremity, then to the right foot. The patient also reported numbness in her toes, specifically in the big and middle toe, and the plantar right foot. Right-sided neck pain, radiating to the occipital scalp was also noted. On physical examination of the cervical spine, there was tenderness and tightness in the right, posterolateral aspect of the cervical area; over the trapezius, interscapular and levator scapular regions. There was at least 50% restriction of flexion, extension and lateral bending with positive Spurling's sign. Examination of the lumbar spine revealed tenderness and tightness with 50% restriction towards flexion, and 30% with extension. Straight leg raise (SLR) was negative. Patrick's sign was also negative. MRI (magnetic resonance imaging) of the lumbar spine done on March 21, 2012, revealed L3-L4 disc extrusion; right paracentral and mild diffuse disc bulge at L4-L5. The treatment to date has included medications, epidural spinal injections, and physical therapy. A utilization review from December 19, 2013, denied the request for occupational therapy x 4 to the low back because the medical necessity for occupational therapy has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

OCCUPATIONAL THERAPY X4 TO THE LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 114, Chronic Pain Treatment Guidelines.

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

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, it stresses the importance of 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 this case, occupational therapy was prescribed in order for the patient to perform essential activities of daily living. However, records reviewed showed that the patient did not tolerate the land-based physical therapy and was switched to aquatic therapy. There was no documentation provided that established the outcome of aquatic therapy, and the specific objectives of the requested occupational therapy, a land-based therapy. The medical necessity has not been established due to conflicting information. Therefore, the request for occupational therapy x 4 to the low back is not medically necessary.