MAXIMUS Federal Services

Case Number:	CM14-0107841		
Date Assigned:	08/01/2014	Date of Injury:	07/15/2011
Decision Date:	10/14/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/11/2014

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 Physical Medicine and Rehabilitation 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 53-year-old female who has submitted a claim for lumbar disc herniations without myelopathy and lumbar neuritis associated with an industrial injury date of 07/15/2011.Medical records from 01/09/2014 to 05/26/2014 were reviewed and showed that patient complained of low back pain graded 5-7/10. Physical examination revealed right-sided erector spinae trigger points, decreased lumbar ROM, and intact neurologic examination of lower extremities. MRI of the lumbar spine dated 10/10/2012 revealed L4-5 bilateral facet hypertrophy with compression of the right L5 nerve root and L2-3 disc bulge with mild bilateral foraminal stenosis. EMG/NCV study of lower extremities dated 05/01/2014 was unremarkable.Treatment to date has included L3-5 microlaminectomy (08/26/2013), 24 visits of physical therapy, and Norco. Of note, patient reported 50% improvement overall with decreased pain and improved functions with physical therapy (01/09/2014). Utilization review dated 07/09/2014 denied the request for physical therapy 2 x 4, lumbar spine because there was no clear indication why she cannot participate in HEP. Utilization review dated 07/09/2014 denied the request for home exercise kit for lumbar spine because the guidelines do not recommend any particular exercise equipment over standard exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 times a week for 4 weeks, Lumbar Spine: Upheld

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

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

Decision rationale: According to pages 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines, active therapy is recommended for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Physical medicine guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less plus active self-directed home physical medicine. In this case, the patient has already completed 24 visits of physical therapy. The patient reported 50% improvement overall with decreased pain and improved functions with physical therapy (01/09/2014). It is unclear as to why the patient cannot self-transition into HEP. Therefore, the request for Physical Therapy 2 X 4, Lumbar Spine is not medically necessary.

Home Exercise Kit for Lumbar Spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Home exercise kits; Knee & Leg Chapter, Exercise equipment and durable medical equipment

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The ODG Knee and Leg Chapter states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. The exact content of the exercise kit was not described in the progress reports. It is unclear if the included equipment will be considered for medical treatment. The medical necessity has not been established at this time due to lack of information. Therefore, the request for Home Exercise Kit for Lumbar Spine is not medically necessary.