

Case Number:	CM14-0011783		
Date Assigned:	02/21/2014	Date of Injury:	09/29/1994
Decision Date:	07/18/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/29/2014

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 69-year-old female who has submitted a claim for cervical stenosis and lumbar stenosis with radiculopathy status post multiple previous operations with chronic pain and subsequent wound dehiscence in the lower spine associated with an industrial injury date of 01/29/1994. Medical records from 09/29/2011 to 12/31/2013 were reviewed and showed that patient complained of low back pain, grade 5/10, radiating to bilateral lower extremities and bilateral upper extremity pain, worse on the right side. Physical examination did not specify findings of tenderness or edema over the paralumbar muscles. There was no indication of decreased back ROM. Hammering appearance of the fingers with extension of the MCPs (metacarpophalangeals) and flexion of the finger flexors was noted. Positive empty can test was noted on the right side. There was no positive SLR (straight leg raise) test noted. CT myelogram of the lumbar spine done August 6, 2009 revealed severe multilevel degenerative problems with spinal stenosis in the upper and mid lumbar segments. Treatment to date has included 12 completed visits of occupational therapy, multiple previous lumbar spine operations and cervical laminectomies, and pain medications. Utilization review, dated 12/31/2013, denied the request for twelve visits of physical therapy at two times a week for six weeks to lumbar spine because the patient had 12 prior sessions of OT (occupational therapy) and should be progressed to an independent HEP (home exercise program) focusing on stretching/strengthening and use of hot/cold packs for pain/spasms. There is no indication of a complication to recovery, co-morbidity, or extenuating clinical circumstance that would support continued OT beyond the possibly exceeded guidelines. Additionally, there appeared to be no findings of progressive deficit that would further support the need for OT.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL OCCUPATIONAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO THE LUMBAR SPINE AND BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 173-177,265-268,298-303.

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, 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. The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In this case, the patient has already completed 12 visits of occupational therapy and has been expected to continue independent HEP. Objective findings did not reveal exceptional factors such as progressive neurologic deficit or evidence of acute flare-ups to suggest the need for additional occupational therapy. It is unclear why patient cannot transition into a self-directed home exercise program. Therefore, the request for additional occupational therapy (PT) two (2) times a week for six (6) weeks for the lumbar spine and bilateral upper extremity pain is not medically necessary.