

Case Number:	CM14-0169565		
Date Assigned:	10/17/2014	Date of Injury:	10/05/2013
Decision Date:	11/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/14/2014

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine 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 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 injured worker is a 67-year-old woman with a date of injury of 10/05/2013. An initial spine consultation report by [REDACTED], dated 06/13/2014 identified the mechanism of injury as a fall, resulting in left knee, left elbow, and lower back pain. This report, an office visit note by [REDACTED] dated 08/29/2014, an office visit note by [REDACTED] dated 09/09/2014, and an office visit note by [REDACTED] dated 09/25/2014 indicated the worker was experiencing episodes of lower back pain and morning stiffness that interfered with her ability to function, left shoulder pain, and pain and stiffness in the hands and hands and wrists. Documented examinations showed tenderness in the lower back muscles, decreased motion in the lower back joints and finger joints, and mild left shoulder weakness. The submitted and reviewed records concluded the worker was suffering from lumbar posterior facet syndrome, a L5 disk bulge with affecting the nerve slightly, a bulging L2 disk, a left shoulder rotator cuff and labral tear, and a triangular fibrocartilage complex (TFCC) tear. Treatment recommendations included additional physical therapy and follow up monitoring. A Utilization Review decision by [REDACTED] was rendered on 10/13/2014 recommending partial certification for an additional eight sessions of twice weekly computer-assisted isolation of lumbar treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computer Assisted Isolation Lumbar Treatment 2 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Taylor NF, et al. Progressive resistance exercise in physical therapy: A summary of systematic reviews. Physical Therapy 2005; 85(11); 1208-1223

Decision rationale: The injured worker is a 67-year-old woman with a date of injury of 10/05/2013. An initial spine consultation report by [REDACTED], dated 06/13/2014 identified the mechanism of injury as a fall, resulting in left knee, left elbow, and lower back pain. This report, an office visit note by [REDACTED] dated 08/29/2014, an office visit note by [REDACTED] dated 09/09/2014, and an office visit note by [REDACTED] dated 09/25/2014 indicated the worker was experiencing episodes of lower back pain and morning stiffness that interfered with her ability to function, left shoulder pain, and pain and stiffness in the hands and wrists. Documented examinations showed tenderness in the lower back muscles, decreased motion in the lower back joints and finger joints, and mild left shoulder weakness. The submitted and reviewed records concluded the worker was suffering from lumbar posterior facet syndrome, a L5 disk bulge with affecting the nerve slightly, a bulging L2 disk, a left shoulder rotator cuff and labral tear, and a TFCC tear. Treatment recommendations included additional physical therapy and follow up monitoring. A Utilization Review decision by [REDACTED] was rendered on 10/13/2014 recommending partial certification for an additional eight sessions of twice weekly computer-assisted isolation of lumbar treatment. The requested treatment is a type of progressive resistance treatment for lower back pain. The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time ("fading") should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted and reviewed documentation indicated the worker was experiencing lower back pain and other symptoms. The records reported the worker's function improved with initial physical therapy: standing tolerance increased from 15 min to 20 min, walking tolerance increased from 15 min to 30 min, and sitting tolerance increased from 30 min to 30-40 min. The worker's pain and stiffness was also improved with the requested treatment. However, the Guidelines are clear that fading of treatment should be a part of the care plan, and the worker is expected to continue active therapies at home. There was no documented discussion that supported extenuating circumstances requiring additional treatment beyond that recommended by the Guidelines. In the absence of such evidence, the current request for twice weekly computer-assisted isolation lumbar treatment for six weeks is not medically necessary.