MAXIMUS Federal Services

| Case Number: | CM14-0181372 | | |
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| Date Assigned: | 11/06/2014 | Date of Injury: | 11/29/2013 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/31/2014 |

## 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 New Jersey. 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 23-year-old male who reported an injury on 11/29/2013. The mechanism of injury was lifting. His diagnoses include lumbar sprain/strain and lumbar radiculopathy. His past treatments include physical therapy, chiropractic treatment, and medications. Pertinent diagnostic studies and surgical history were not provided. On 09/04/2014, the injured worker reported severe low back pain that radiated down into his legs. The physical exam findings revealed decreased range of motion, tenderness to palpation of the lumbar paraspinals with spasm, and a positive Kemp's test. Current medications were not provided. The treatment plan was noted to include 12 additional visits of physical therapy for pain relief, an IF unit and home exercise kit for the lumbar spine to decrease pain and increase range of motion, an scheduled NCV, a functional capacity evaluation, a urine drug screen and continuation of medications and physical therapy as prescribed. In addition to the requests received, a request was received for work hardening/conditioning and Matrix; however, a rationale was not provided. A Request for Authorization form was received on 09/13/2014.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 12 physical therapy with multiple treatments/modalities:** Upheld

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

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

**Decision rationale:** The request for additional 12 physical therapy with multiple treatments/modalities is not medically necessary. The California MTUS Guidelines recommend 8 to 10 visits of physical therapy over 4 weeks for the treatment of unspecified neuralgia, neuritis, and radiculitis. The documentation submitted did indicate the injured worker had range of motion deficits on physical exam. He was noted to have received previous physical therapy; however, there was insufficient documentation to show evidence of objective functional improvement and pain relief. Moreover, there were no exceptional factors to significantly demonstrate the necessity of 12 additional visits when the guidelines suggest a maximum of 10 visits for the injured worker's condition. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for additional 12 physical therapy with multiple treatments/modalities is not medically necessary.

**IF Unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-121.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** The request for IF unit is not medically necessary. The California MTUS Guidelines recommend do not recommend interferential current stimulation (ICS) as an isolated intervention as there is no quality evidence of efficacy except in conjunction with recommended treatments, including return to work, exercise and medications. The treatment plan was noted to include a recommendation for an IF unit and home exercise kit; however, the request for the home exercise kit did not meet guideline criteria. Additionally, there was insufficient documentation of return to work and current medications. Therefore, the request is not supported by the evidence-based guidelines. As such, the request for an IF unit is not medically necessary.

**Home exercise kit for L/S:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Home exercise kits.

**Decision rationale:** The request for Home exercise kit for L/S is not medically necessary. The Official Disability Guidelines recommend home exercise kits as an option for active self-directed home physical therapy. However the request did not indicate the components of the home exercise kit and whether it is for rental or purchase. Therefore, in the absence of this

documentation, the request is not supported. As such, the request for Home exercise kit for L/S is not medically necessary.

**Work hardening/conditioning and Matrix:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work condition, work hardening Page(s): 125-126.

**Decision rationale:** The request for Work hardening/conditioning and Matrix is not medically necessary. The California MTUS Guidelines recommend a work hardening/conditioning program as an option for functional restoration. More specifically, the criteria for admission into a work hardening program are documented evidence of functional limitations precluding ability to safely achieve current job demands, which are in the median or higher demand level; a functional capacity evaluation revealing consistent results with maximal effort demonstrating capacities below the employer verified physical demands analysis; documented functional improvement with physical or occupational therapy followed by a plateau; physical and medical recovery sufficient enough to allow for progressive reactivation and participation in the program for a minimum of 4 hours a day for 3 to 5 days a week; a documented return to work goal agreed to by the employer and employee; documented screening process that includes file review, interview, and testing to determine likelihood of success in the program; and a documented proposed work hardening program that would be completed within 4 consecutive weeks or less. Additionally, the guidelines do not recommend treatment to be supported for longer than 1 to 2 weeks without documented evidence of patient compliance as well as documented subjective and objective gains. There was insufficient documentation of job demand level at which he is able to perform job tasks; a functional capacity evaluation; an employer verified physical demands analysis; functional improvement from a physical or occupational therapy program followed by a plateau; the injured worker's physical and medical recovery status enabling him to perform job tasks for at least 4 hours a day, 3-5 days a week; screening process of the injured worker's physiological and psychological medical history; the proposed work hardening program that will be completed within 4 consecutive weeks or less. Furthermore, the request is for working hardening and work conditioning, which are two separate programs, and clarification is needed. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for Work hardening/conditioning and Matrix is not medically necessary.