

Case Number:	CM14-0021658		
Date Assigned:	05/05/2014	Date of Injury:	02/10/2010
Decision Date:	07/23/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery 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 claimant is a 36-year-old female who sustained an injury to her back while moving furniture in a work related accident on February 10, 2010. The records provided for review document that, following a course of conservative care, the claimant underwent an L4-5 microdiscectomy with laminectomy on November 14, 2013. A February 10, 2014 follow up report documented the need for further treatment include isokinetic testing, group therapy, strapping to the low back, manual muscle testing, electrical stimulation, therapeutic exercises, myofascial release, biofeedback and continued work restrictions following the claimant's decompressive procedure. Physical examination findings in the postoperative setting were not noted in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ISOKINETIC PROCEDURE QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities, Chapter 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on the California ACOEM Guidelines, the request for the isokinetic procedures would not be indicated. This claimant is now several months following the time of surgery and completion of a significant course of formal physical therapy. The specific request for isokinetic testing and/or procedures in this postoperative timeframe without documentation of recent physical examination findings would not be supported. Furthermore, ACOEM Guidelines state that physical modalities have no proven efficacy in treating low back symptoms. Therefore, the request is not medically necessary.

GROUP PATIENT EDUCATION QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities, Chapter 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The California ACOEM Guidelines would not support the role of group patient education. The use of this postoperative modality would have little clinical merit at this stage in the claimant's postoperative course of care. There is typically no indication for the role of "group patient education" at this timeframe following operative intervention. The specific request would not be supported as medically necessary.

STRAPPING OF LOW BACK QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities, Chapter 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298-301.

Decision rationale: The California ACOEM Guidelines would not support the role of bracing or strapping to the low back. The documentation provided for review does not contain the claimant's clinical presentation, any formal diagnosis or acute clinical finding that would necessitate immobilization of the lumbar spine. The request in this case would not be indicated as medically necessary.

MUSCLE TESTING MANUAL QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities, Chapter 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: The California ACOEM Guidelines would not support the role of muscle testing manually. This form of intervention would not be indicated at this stage in the claimant's

clinical course of care. The role of manual muscle testing for the lumbar spine holds little clinical significance due to varying degrees of anatomical posture, habitus or indication of significance. It would be unclear as to how manual muscle testing would advance the claimant's postoperative course of treatment. Therefore, the request is not medically necessary.

PHYSICAL THERAPY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines would not support the role of a continued physical therapy evaluation. This individual has undergone a significant course of therapy since the time of operative intervention with no current physical examination findings supporting the need for further physical therapy or treatment. There is no documentation in the records to determine why the claimant requires a physical therapy evaluation in light of the therapy completed thus far. Therefore, the request is not medically necessary.

E-STIM QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-115, 116.

Decision rationale: The California MTUS Chronic Pain Guidelines would not support the role of electrical stimulation. While TENS devices can be utilized in the immediate postoperative setting, the Chronic Pain Guidelines state that there is no indication for their use sub-acutely following surgical intervention. A lack of current documentation of physical examination findings would fail to support the role of electrical stimulation. Therefore, the request is not medically necessary.

PHYSICAL THERAPY THERAPEUTIC EXERCISES QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California MTUS Postsurgical Rehabilitative Guidelines would not support the role of continued physical therapy. This individual has undergone a significant course of therapy since the time of operative intervention with no current physical examination

findings supporting the need for further physical therapy or treatment. Therefore, the request is not medically necessary.

MYOFASCIAL RELEASE QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities, Chapter 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on California ACOEM Guidelines, this modality myofascial release would not be indicated. Given the claimant's postoperative course of care and lack of physical examination findings, there would be no indication for further therapeutic modalities as requested. The use of such modalities as myofascial release in biofeedback would not be supported at present. Therefore, the request is not medically necessary.

BIOFEEDBACK QTY: 3.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Modalities, Chapter 12 Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Based on California ACOEM Guidelines, Biofeedback would not be indicated. Given the claimant's postoperative course of care and lack of physical examination findings, there would be no indication for further therapeutic modalities as requested. The use of such modalities such as biofeedback would not be supported as the ACOEM Practice Guidelines states that it has no proven efficacy. Therefore, the request is not medically necessary.