

Case Number:	CM14-0029155		
Date Assigned:	06/16/2014	Date of Injury:	09/24/1998
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/06/2014

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 Wisconsin. 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 59 year old female with degenerative disc disease of the cervical and lumbar spine dating back to at least 1998. She has undergone two lumbar surgical procedures. She has had no surgery on her neck. She has received various physical therapy treatments. She continues to have chronic pain in the neck and lower back, associated with radiation of pain to the extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 99. Decision based on Non-MTUS Citation ODG) Official Disability Guidelines, Neck & Upper Back, Low Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8.

Decision rationale: Specific physical therapy parameters are necessary, allowing for certain number of visits over time. No specific frequency/time periods are listed in the request for physical therapy.

HEAT: 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): 8.

Decision rationale: Application of heat is a specific physical therapy parameter that is subsumed under #1 above, requiring frequency/time period. Furthermore, it is a passive application which is associated with poor outcomes than active treatments.

GENTLE MANIPULATION FOR LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY & MANIPULATION Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8.

Decision rationale: Gentle manipulation for lumbar spine is also a physical therapy modality closely akin to #1 and #2 above, and requires specific frequency/time parameters which are not present in the given request.

STABILIZATION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 8.

Decision rationale: As noted in the above #1-3, stabilization refers to physical modalities that require frequency/time parameters.

PATIENT EDUCATION 3 TIMES A MONTH FOR 6 MONTHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EDUCATION Page(s): 44-45.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical vs. Self-Management Model Page(s): 5.

Decision rationale: As noted in the guidelines, it is important to educate patients with respect to self-management approaches for improved outcomes. However, there is no evidence in the guidelines to support a patient education program 3 times a month for 6 months.

