

Case Number:	CM14-0038476		
Date Assigned:	06/27/2014	Date of Injury:	01/05/2013
Decision Date:	07/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation 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 38 year old male who was injured on 01/05/2013. He sustained an injury when he fell ten feet through a floor. Prior treatment history included 8 sessions of aqua therapy which was very helpful; functional program which was also helpful and provided him relief to do more activities of daily living. Diagnostic studies reviewed include x-ray of the lumbar spine dated 05/29/2014 revealed possible anterior wedge compression fracture at T12, age indeterminate, degenerative disk disease at L5/S1, and postural changes. X-rays of the cervical spine dated 05/29/2013 revealed degenerative disk disease at C5/6, uncovertebral arthrosis, C4/5 and C5/6 and postural changes. X-ray of the sacrum and coccyx also performed on 05/29/2013 revealed possible old healed fracture and/or partial dislocation of the sacral coccyx. Physician medical re-evaluation dated 02/05/2014 states the patient complained of low back pain that is constant in nature. The pain radiates to his bilateral legs and increases with sitting and bending and with any movement but stated the pain decreases with medications. He reported worsening symptoms radiating from his low back into his groin region and his left leg. On exam, he has hypokyphosis and hypolordosis. He has tenderness to palpation with spasms of the thoracic and lumbar paraspinals and left gluteal muscle. He has tenderness to palpation of the T12 spinous process. He also has tenderness to palpation of the sacrum coccyx, worse on the left. Range of motion was deferred but he is flexed at 7 degrees. He is diagnosed with lumbar spine disc protrusions, sacral fracture, lower extremity neuropathy, and compression fracture at T12. It is recommended that he participates in a functional restoration program for 2 times a week for the next 6 weeks. He was awaiting authorization for pain management consultation for the thoracic, lumbar spine, and sacrum. Prior utilization review dated 03/05/2014 states the request for supervised functional restoration program for the lumbar spine two times a week over six weeks and Outpatient range of motion muscle testing for the lumbar spine is not certified as there is no evidence provided to

establish medical necessity; Outpatient aquatic therapy for the lumbar spine two times per week over six weeks is modified for the lumbar spine twice a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Supervised functional restoration program for the lumbar spine two times a week over six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic pain management Page(s): 7-10. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), FRP guidelines.

Decision rationale: Functional Restoration programs (FRPs), were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain, incorporating components of exercise progression with disability management and psychosocial intervention. However, FRP is considered a tertiary treatment after other treatments have been tried and failed. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. The above guidelines are not met in this patient. Therefore, the request for supervised functional restoration program for the lumbar spine two times a week over six weeks is not medically necessary.

Outpatient range of motion muscle testing for the lumbar spine: 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) Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Flexibility.

Decision rationale: Based on ODG guidelines, range of motion and muscle strength testing are part of initial physical therapy evaluation as well as throughout the course of treatment. Furthermore, there is no mention of rationale for the requested service in the medical records. Therefore, the medical necessity of the range of motion and muscle strength testing is not established and is not medically necessary.

Outpatient aquatic therapy for the lumbar spine two times per week over six weeks: 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: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to CA MTUS guidelines, aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, such as for extreme obesity. There is no indication the patient requires reduced weight-bearing. Furthermore, the he has already had 8 sessions of aquatic therapy, and yet there is little to no information as to quantifiable objective measurements (i.e. pain level, ROM, strength) in the medical records. Nonetheless, he should have been transitioned to home exercise program by now. Therefore, the request for outpatient aquatic therapy for the lumbar spine two times per week over six weeks is not medically necessary.