

Case Number:	CM14-0056738		
Date Assigned:	07/09/2014	Date of Injury:	08/19/2013
Decision Date:	09/09/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 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 56-year-old male who has submitted a claim for lumbar muscle strain and myofascial tender points associated with an industrial injury date of 08/19/2013. Medical records from 10/28/2013 to 07/09/2014 were reviewed and showed that patient complained of low back pain graded 3-8/10. There was no associated numbness or radiation. Physical examination revealed tenderness over the lumbar area. There was decreased lumbar ROM noted. MMT (5/5) and DTRs (2+) were intact throughout the lower extremities. Treatment to date has included physical therapy, acupuncture, aquatic therapy, chiropractic care, and pain medications. Utilization review dated 04/16/2014 denied the request for aquatic therapy 1-2 times per week for 3-6 weeks because the claimant has had prior treatment well in excess of the guidelines (24 sessions) without demonstration of functional improvement. Utilization review dated 04/16/2014 modified the request for DME All-temp Comfort Pack 10x15 inches #8 and 4x15 inch size #4 to one generic reusable cold pack because it would be most appropriate to determine if one cold pack was a good fit before four reusable ice/heating products were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL AQUATIC PHYSICAL THERAPY 1-2X WEEKLY X3-6 WEEKS X6V
TOTAL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: According to the guidelines, Aquatic Therapy is 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. In this case, the patient's BMI is 35.44 kg/m². However, the patient has already completed at least 24 sessions of physical therapy and aquatic therapy (04/16/2014) with no documentation of functional outcome. It is unclear as to why additional aquatic therapy is recommended. The request likewise failed to specify the body part to be treated. Therefore, the request for additional aquatic physical therapy 1-2x weekly x3-6 weeks x6v total is not medically necessary.

DME- ALL TEMP COMFORT 10X15 INCHES #8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5.

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, Cold/Heat Packs.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. At home, local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. In this case, recent physical findings were not consistent with acute exacerbations of back pain. The guidelines only recommend cold/heat pack application for acute pain. It is unclear as to why variance from the guidelines is needed. Therefore, the request for DME-all temp comfort 10x15 inches #8 is not medically necessary.

DME- ALL TEMP COMFORT PACK 4X5 INCHES #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-5.

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, Cold/Heat Packs.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines, (ODG), Low Back chapter, Cold/heat packs was used instead. The Official Disability Guidelines state that cold/heat packs are recommended as an option for acute pain. At home, local applications of cold packs in the first few days of acute complaint; thereafter, applications of heat packs or cold packs are recommended. In this case, recent physical findings were not consistent with acute exacerbations of back pain. The guidelines only recommend cold/heat pack application for acute pain. It is unclear as to why variance from the guidelines is needed. Therefore, the request for Dme- All Temp Comfort Pack 4x5 inches #4 is not medically necessary.