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| Case Number: | CM14-0063384 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 06/04/2004 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/05/2014 |

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 Nevada. 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 records presented for review, indicate that this 47-year-old female was reportedly injured on August 4, 2004. The mechanism of injury was noted as a slip and fall type event. The most recent progress note, dated April 3, 2014, indicated that there were ongoing complaints of low back pain. The physical examination demonstrated a 5 foot, 155 pound individual "in no acute distress". There was no evidence of scoliosis or kyphosis. The thoracic spine appeared to be normal. There was a normal lumbar lordosis and a slight reduction in lumbar spine range of motion. There was a decreased sensation in the L5 and S1 dermatomes and motor function was under be intact. Diagnostic imaging studies were sought. Previous treatment included chiropractic care, multiple medications, topical preparations, and pain management interventions. A request had been made for functional restoration and was not certified in the pre-authorization process on April 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional restoration qty:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34 of 127.

Decision rationale: The parameters for a functional restoration program start with that this is indicated only for those programs with proven successful outcomes. There is no data presented that the program being referenced has any successful outcomes and this would be the 1st indicator that this referral is not medically necessary. Second, there needs to be documentation that the patient is motivated to improve. There is a reference presented to suggest that this motivation exists. When noting the multiple criterion required for referral to such a program, and by the lack of documentation of the progress notes, the medical necessity of this type of intervention is not established.

Manual therapy qty:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the guidelines, several sessions of physical therapy are indicated and transferred to home exercise protocol. When noting the most current copy at the clinical evaluation completed, there is no clinical data presented to suggest that any other than a home exercise protocol emphasizing overall fitness, conditioning and achieving ideal body weight and range of motion flexibility is all that would be supported. As such, besides a home access program, this manual therapy is not medically necessary.

Electrical stimulation (EMS) qty:12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116.

Decision rationale: Such interventions are not indicated as a primary treatment modality. Furthermore, a trial should be completed in a supervised setting and it is not clear that such a trial has been completed. Therefore, when noting the physical examination reported and by the therapies completed and noting the parameters outlined in the MTUS, there simply is insufficient data presented to support the medical necessity of this outcome.

Outcome Assessment qty:1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) independent medical examinations and consultations, page 127 (electronically cited).

Decision rationale: The progress notes do not outline what type of assessment is being pursued. Therefore, when noting the parameters outlined in the guidelines relative to seeking consultation, there is no uncertain diagnosis or extremely complex diagnosis. Without clarification of exact basis of this assessment and of the goals and by the parameters noted in the MTUS, this is not medically necessary.

Infra-red therapy qty:12.00: 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 ACOEM Chapter 12 Low Back Complaints Page(s): 162, 300.

Decision rationale: This procedure is alternative to high packs, heat wraps and other temperature elevating devices. When noting the date of injury and the findings on physical examination, there is no clinical indication that a heat application at this point would generate any efficacy or utility. As such, the medical necessity has not been established.