MAXIMUS Federal Services

Case Number:	CM14-0186592		
Date Assigned:	11/14/2014	Date of Injury:	05/29/2014
Decision Date:	01/05/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/10/2014

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 underlying date of injury in this case is 05/29/2014. The date of the utilization review under appeal is 10/31/2014. On 10/08/2014, a PR-2 report by that treating physician is handwritten and only marginally legible. This note appears to outline ongoing symptoms of a lumbar and sacral strain including right sacroiliac pain and also right knee contusion. The treatment plan included discontinuing acupuncture and a request for chiropractic treatment and followup in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Mechanical traction, 3 times weekly lumbar spine QTY #12: 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): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A

rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Electrical stimulation 3 times weekly to the lumbar spine QTY#12: 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): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Iontophoresis 3 times weekly to the lumbar spine QTY #12: 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): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Ultrasound 3 times weekly to the lumbar spine QTY #12: 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): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A

rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Therapeutic exercises 3 times weekly to the lumbar spine QTY #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Manual therapy 3 times weekly to the lumbar spine QTY#12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Chiropractic manipulative treatment 3 times weekly to the lumbar spine QTY#12: 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): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A

rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.

Exercise equipment for the lumbar spine: 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 Exercise Page(s): 46.

Decision rationale: This request is nonspecific as there is no clarification what specific type of exercise equipment is being requested for the lumbar spine. Without such further details, it is not possible to support this request. Therefore this request is not medically necessary.

Educational supplies for the lumbar spine QTY#1: 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 Exercise Page(s): 46.

Decision rationale: This request is nonspecific in that it is unclear what specific type of education supplies are being requested. Without further details, it is not possible to identity or apply a treatment guidelines. This request is not medically necessary.

Myofascial release 3 times weekly for the lumbar spine QTY#9: 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): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section physical medicine, recommend transition to an independent active home rehabilitation program. The treatment guidelines anticipate that by the timeframe under review this patient would have transitioned to such an independent rehabilitation program. A rationale instead for additional passive or supervised treatment is not apparent in the records and guidelines. This request is not medically necessary.