

Case Number:	CM15-0139612		
Date Assigned:	07/29/2015	Date of Injury:	03/04/2014
Decision Date:	08/26/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/17/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 63-year-old male who sustained an industrial injury on 3/4/14. Injury occurred when he was lifting a generator into a truck, with onset of low back pain. Records indicated that the injured worker had failed medication, therapy, and epidural steroid injection. He was diagnosed with L5/S1 spinal stenosis and radiculopathy. A lumbar laminectomy and foraminotomy at L5/S1 was recommended. The 6/2/15 initial treating physician report cited low back pain radiating down the right leg to the foot and ankle with numbness and tingling. He reported giving way of the right leg and used a cane for balancing. Physical exam documented right lower extremity limping, lumbar paravertebral muscle and spinous process tenderness, quadratus lumborum spasms, and positive straight leg raise on the right. Diagnosis included lumbar sprain/strain, right lower extremity radiculopathy, and status post lumbar surgery. The treatment plan recommended a functional capacity evaluation, initial trial of post-operative physical therapy 3x4, initial course of acupuncture, and Solar care FIR system. Authorization was requested for postoperative physical therapy for 12 sessions to treat the lumbar spine and a Solar Care FIR heating system purchase. The 6/16/15 utilization review non-certified the request for 12 sessions of post-op physical therapy for the lumbar spine as there no indication of how many sessions of physical therapy the injured worker had to date and if there was significant functional improvement. The request for purchase of a Solar Care FIR heating system was non- certified as there was no guideline support for a specific device for heat.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy 3 x 4 weeks for Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

Decision rationale: The California Post-Surgical Treatment Guidelines for surgical treatment of lumbar laminectomy suggest a general course of 16 post-operative physical medicine visits over 8 weeks, during the 6-month post-surgical treatment period. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. An initial course of therapy would be supported for one-half the general course. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical period. Guideline criteria have not been met. This injured worker presents for an initial evaluation with low back pain radiating into the right lower extremity with weakness, numbness and tingling. Records indicate that he is status post single level lumbar laminectomy and foraminotomy. Clinical exam findings do not evidence a specific functional deficit to be addressed by current supervised physical therapy. There is no documentation as to the amount of previous post-operative physical therapy that may have been provided and what, if any, functional benefit was achieved. An initial course of care in the post-operative period would be supported for up to 8 visits. Therefore, this request is not medically necessary.

Solar Care FIR Heating System Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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: Infrared therapy (IR) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS do not specifically address the use of far infrared therapy for the low back. The Official Disability Guidelines state that infrared therapy is not recommended over other heat therapies. The ACOEM guidelines state that the routine use of high-tech devices for therapy is not recommended in the treatment of lower back pain. Guidelines support the use of hot packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling rationale to support the medical necessity of a far infrared therapy unit for this injured worker as an exception to guidelines. Therefore, this request is not medically necessary.