

Case Number:	CM15-0147884		
Date Assigned:	08/11/2015	Date of Injury:	07/30/2008
Decision Date:	09/08/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	07/30/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 45 year old male, who sustained an industrial injury on 7-30-2008. He reported cumulative injuries starting with the left ankle and right shoulder during physical training and routine work activity. Diagnoses include cervical disc degenerative disease, radiculopathy, chronic right shoulder impingement syndrome, left shoulder rotator cuff tear, chronic lumbar sprain, lumbar herniated nucleus pulposus, and status post left foot reconstruction in 2013. Treatments to date include activity modification, NSAID, and physical therapy. Currently, he complained of a flair up of low back pain and stiffness. On 7-16-2015, the physical examination documented no acute physical findings. The plan of care included a request to authorize physical therapy to treat the lumbar spine and a lumbar spine home kit and brace traction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS Chronic Pain Management Guidelines (pg 58-59) indicate that manual therapy and manipulation are recommended as options in low back pain. With respect to therapeutic care, the MTUS recommends a trial of 6 visits over 2 weeks, with evidence of objective functional improvement allowing for up to 18 visits over 6-8 weeks. If the case is considered a recurrence/flare-up, the guidelines similarly indicate a need to evaluate treatment success. In either case, whether considered acute or recurrent, the patient needs to be evaluated for functional improvement after completion of 6 visits in order to meet the standards outlined in the guidelines. Overall, it is quite possible the patient may benefit from conservative treatment with manual therapy at this time, however, in this case, the request for therapy sessions has not been quantified, and there are no appropriate physical exam findings recorded to support the request, rule out red flags, etc. Therefore, the request is not medically necessary at this time.

Lumbar spine home kit and brace traction: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 07/17/15).

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, exercise equipment.

Decision rationale: The ODG states that exercise equipment is not considered primarily medical in nature, and to be considered medical in nature, treatment using equipment needs to be monitored and administered by medical professionals, which does not encompass personal trainers. While an individual exercise program is of course recommended, the current request given the provided records is not medically necessary and appropriate, particularly given the lack of objective exam findings or clear indication that red flags of back injury have been ruled out.