MAXIMUS Federal Services

Case Number:	CM15-0191605		
Date Assigned:	10/05/2015	Date of Injury:	12/01/2013
Decision Date:	12/07/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	09/29/2015

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: California
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 49 year old male, who sustained an industrial-work injury on 12-1-13. He reported initial complaints of left hip pain. The injured worker was diagnosed as having lumbar pain with radiculopathy. Treatment to date has included medication, surgery (laminectomy of L4 with left sided foraminectomy and excision of herniated disc fragments on 5-21-15), physical therapy (12 sessions), home exercise program (HEP), heat-ice application, and activity modification. Currently, the injured worker complains of hip-back pain that was described as mild, intermittent, and achy with associated symptoms of leg numbness and tingling which was sporadic since surgery and was better. He is presently on modified duty. Medications include Oxycodone. Per the primary physician's progress report (PR-2) on 8-26-15, exam noted paraspinal muscle tenderness to palpation, able to walk on heels and toes without difficulty, full range of motion, normal reflexes, and negative straight leg raise. The Request for Authorization requested service to include Post-op Therapeutic exercises, twice weekly, low back #8, Hot or Cold Packs twice weekly, low back #8, Electrical Stimulation, twice weekly, low back #8, Soft Tissue Mobilization, twice weekly, for the low back #8, Physical Therapy Re-evaluation, low back, per 8/24/15 order #8. The Utilization Review on 9-25-15 modified the request for include Post-op Therapeutic exercises, twice weekly, low back #4, Hot or Cold Packs twice weekly, low back #4, Electrical Stimulation, twice weekly, low back #4, Soft Tissue Mobilization, twice weekly, for the low back #4, and denied Physical Therapy Re-evaluation, low back, per 8/24/15 order, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Therapeutic exercises, twice weekly, low back, per 8/24/15 #8: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: Therapeutic physical therapy for the low back is recommended by the MTUS as an option with authorization for a trial of 6 visits over 2 weeks, with evidence of objective functional improvement, prior to authorizing more treatments with a total of up to 18 visits over 6-8 weeks. The patient has already completed 12 sessions of physical therapy to date. The original reviewer modified the request to 4 sessions to comply with the Post-Surgical Treatment Guidelines. Post-op Therapeutic exercises, twice weekly, low back, per 8/24/15 #8 is not medically necessary.

Post-op Hot or Cold Packs twice weekly, low back, per 8/24/15 order #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Acute & Chronic), Cold/heat packs.

Decision rationale: According to the Official Disability Guidelines, there is minimal evidence supporting the use of cold therapy except in the acute phase of an injury or for the first seven days postoperatively. In the postoperative setting, cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries (e.g., muscle strains and contusions) has not been fully evaluated. The original reviewer modified the request to 4 packs to comply with the Official Disability Guidelines. Post-op Hot or Cold Packs twice weekly, low back, per 8/24/15 order #8 is not medically necessary.

Post-op Electrical Stimulation, twice weekly, low back, per 8/24/15 order #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (Acute & Chronic), Electrical muscle stimulation (EMS).

Decision rationale: The Official Disability Guidelines state that electrical muscle stimulation is not recommended. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The original reviewer modified the request to 4 sessions. Post-op Electrical Stimulation, twice weekly, low back, per 8/24/15 order #8 is not medically necessary.

Post-op Soft Tissue Mobilization, twice weekly, for the low back, per 8/24/15 order #8: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. The original reviewer modified the request to 4 sessions to comply with the Post-Surgical Treatment Guidelines. Post-op Soft Tissue Mobilization, twice weekly, for the low back, per 8/24/15 order #8 is not medically necessary.

Post-op Physical Therapy Re-evaluation, low back, per 8/24/15 order: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Low Back.

Decision rationale: The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Prior to full authorization, therapeutic physical therapy is authorized for trial of 6 visits over 2 weeks, with evidence of objective functional improvement prior to authorizing more treatments. This patient will have already met the allotted number of physical therapy sessions allowed by the MTUS. Post-op Physical Therapy Re-evaluation, low back, per 8/24/15 order is not medically necessary.