MAXIMUS Federal Services

Case Number:	CM14-0164048		
Date Assigned:	10/08/2014	Date of Injury:	09/13/2002
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational Medicine 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:

According to the provided documents, this is a 60-year-old man who was injured on 9/13/2002. The original mechanism of injury was that it occurred while he was digging and cleaning up the asphalt when he felt onset of low back pain. There is an AME report (agreed medical evaluation) from 10/16/12 that addresses multiple injuries including the low back, buttocks, legs, feet, left side, left knee, and neurologic and vascular systems. The disputed treatments are continued physical therapy twice a week for 4 weeks and orthopedic bed and mattress. This is addressed in a utilization review determination letter from 9/16/14. There is a 5/28/14 primary treating physician's report on a standardized check box form which indicates subjective complaints of moderate low back pain, radiating pain to the bilateral legs no improvement, activities of daily living affected; the body part was the L/S, tenderness, spasm, and decreased range of motion. That report indicates that the patient was doing pool therapy on his own when he can. The patient remains P&S; refill meds. Another primary treating physician's report from 7/9/14, which is also in a checkbox form that includes subjective complaints of low back pain that are moderately radiating (without indication of where) no improvement, activities of daily living are affected and therapy is said to be helping. The lumbar spine had tenderness and spasm in full range of motion. The diagnosis was "MFS L/S w/Deg. changes& foraminal sten; S/P (L) quadriceps". This is likely myofascial strain of the lumbar sacral, degenerative changes in foraminal stenosis and some type of injury to the left quadriceps. The treatment plan requests orthopedic bed and to start pain management. There is an undated request for authorization for physical therapy and an orthopedic bed plus mattress, followed by an undated PR-2, handwritten that has his lower back pain radiating into the bilateral legs objectively L/S (lumbar sacral) 3+ tenderness to plus[illegible] with a diagnosis of myofascial sprain lumbar spine; status post left quadriceps rupture and repair. This report states continue PT (physical therapy) and orthopedic

bed and mattress. There is no mention of any specifics regarding the bed; there is no mention of special needs that have to be met with the bed that are unique to this patient's injury. There is no discussion of what the goals of physical therapy are or of any plan to transition to an independent exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: MTUS guidelines recommend that physical medicine for chronic pain use active treatment modalities instead of passive and allow for a fading of treatment frequency from up to 3 visits per week to 1 or less with active modalities and self-directed home physical medicine. For this diagnosis a treatment of 8-10 visits over 4 weeks would be recommended by guidelines. Patients are instructed and expected to continue active therapies at home as an extension of therapy. The goal of treatment per MTUS guidelines is independent self-management of chronic pain and functional restoration. The information that is provided does not document how many sessions the patient has already had. There is no mention of what the specific functional goals of treatment are, nor is there any indication that the recent therapy up to this point has produced any objective functional benefit. The medical necessity to continue physical therapy, based upon the evidence and the guidelines, is not supported in the medical reports.

Orthopedic bed and mattress: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, mattress selection

Decision rationale: MTUS guidelines do not address special mattresses or beds for chronic back pain. ODG states that there are no high-quality studies to support purchase of a any type of specialized mattress or bedding as treatment for low back pain. Mattress selection is subjective and depends on the personal preference and individual factors. The requesting report does not document that this patient has any special needs such as concern for pressure ulcers that may require treatment with a special support surface,which is the only rationale per ODG for the need of a specialized mattress or bedding. Therefore based upon the evidence and the guidelines this is not considered to be medically necessary.