

Case Number:	CM14-0018115		
Date Assigned:	04/16/2014	Date of Injury:	10/27/2012
Decision Date:	07/28/2015	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/12/2014

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. 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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 62 year old male who sustained an industrial injury on 10/27/2012. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having sprain, lumbar region, and thoraco-lumbar sprain/strain. Treatment to date has included physical therapy and medications. On the visit of 12/12/2013, the worker complained of low back pain with frequent minimal to moderate thoracic-lumbar pain He feels increased low back pain as compared to last visits. His job has not changed. On examination of the lumbar region, flexion causes low back pain; extension is 20/25 but feels better. Positive Kemps test caused bilateral low back pain. The straight leg raise test is positive at 80 degrees bilateral and caused low back pain. The treatment plan is for physical therapy for stretching and strengthening in the pool two times per week for four weeks. A request for authorization is made for: 1. Follow up exam in 6 weeks x1; 2. Referral for single medical visit for prescription of medications; 3. Physical therapy for stretching and strengthening/pool, QTY 8, 3.Re-Exams every six weeks. 4. Referral for periodic medical visits for prescription of medications, and 5. Referral for periodic medical visits for prescription of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

RE-EXAMS EVERY 6 WEEKS: 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 ODG- pain guidelines office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the claimant has chronic musculoskeletal pain and there is no indication that the additional office visit will provide any additional benefit or intervention. Visits every 6 weeks without limit and a reasonable amount of length of future need cannot be justified and is not medically necessary.

PHYSICAL THERAPY FOR STRETCHING AND STRENGTHENING/POOL, QTY 8:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy; Physical Medicine Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aquatherapy, physical therapy Page(s): 22, 98-99.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises. The claimant had already undergone physical therapy in the past (unknown amount). Therapy should be provided on a waning basis with remainder to be provided at home. The request for additional physical therapy with pool therapy is not medically necessary.

REFERRAL FOR PERIODIC MEDICAL VISITS FOR PRESCRIPTION OF MEDICATIONS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain guidelines and office visits and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the particular medications that need follow-u periodicity and length/amount were not described. Future outcomes and indefinite length of visits for medications is not justified. The request above is not medically necessary.