

Case Number:	CM15-0015105		
Date Assigned:	02/03/2015	Date of Injury:	03/13/2013
Decision Date:	03/23/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 62 year old male, who sustained an industrial injury on 3/13/2013 due to repetitive use. The diagnoses have included cervical and lumbar strain. Treatment to date has included 27 visits of physical therapy and cortisone injections. Currently, the IW complains of pain in the neck, low back and Achilles area. Objective findings included lumbar spine flexion to knees, extension 20, bilateral rotation 25, and gait steady. X-rays (undated) are documented as lumbar spine arthritis. On 1/14/2015, Utilization Review non-certified a request for 18 additional sessions of physical therapy noting that the clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The MTUS and ACOEM Guidelines were cited. On 1/27/2015, the injured worker submitted an application for IMR for review of hot and cold packs and 18 sessions of physical therapy for the cervical and lumbar spine, left ankle, and foot.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hot and cold packs, 1 unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, low back sections, Hot/cold packs, continuous cryotherapy

Decision rationale: Pursuant to the Official Disability Guidelines, hot/cold packs is not medically necessary. Continuous flow cryotherapy is recommended as an option after surgery, but not for nonsurgical treatment. In the post operative setting, continuous flow cryotherapy units have been proven to decrease pain, inflammation, swelling and narcotic use; however the effect on more frequently treated acute injuries has not been fully evaluated. Cold packs are recommended as an option for acute pain. At home local applications of cold packs in the first few days of acute complaint; thereafter applications of heat or cold packs. The evidence for application of cold treatment for low back pain is more limited than heat therapy, with only three poor quality studies that support its use. In this case, the injured worker's working diagnoses are cervical radicular pain and lumbar radicular pain (according to a January 16, 2015 progress note). There is no documentation in the medical record supporting the use of hot/cold packs. The injury is approximately 2 years old. There are no acute injuries documented in the medical record. The guidelines recommend cold packs in the first few days of an acute complaint. Thereafter, applications of heat or cold packs are indicated. The documentation, however, does not relay a specific clinical indication or rationale for the use of hot/cold packs at this time. Consequently, absent clinical documentation to support hot/cold packs, hot/cold packs are not medically necessary.

Physical therapy for the cervical spine, lumbar spine, left ankle and left foot, 3 times a week for 6 weeks quantity: 18 sessions: 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 Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and low back sections, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy three times per week times six weeks (18 sessions) to the cervical spine, lumbar spine, left ankle, left foot is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervical radicular pain and lumbar radicular pain (according to a January 16, 2015 progress note). The injury is approximately 2 years old. There are no acute injuries documented in the medical record. The injured worker received 19 sessions of physical therapy through November 5, 2014. The documentation does not contain evidence of objective functional improvement or physical therapy documentation. The guidelines state when treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. There are no compelling clinical facts in the medical record to warrant

additional physical therapy. Consequently, absent compelling clinical documentation with evidence of objective functional improvement prior physical therapy documents, physical therapy three times per week times six weeks (18 sessions) to the cervical spine, lumbar spine, left ankle, left foot is not medically necessary.