

Case Number:	CM15-0119734		
Date Assigned:	06/30/2015	Date of Injury:	11/13/2002
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/22/2015

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 59-year-old female who sustained an industrial injury on 11/13/2002. The injured worker was diagnosed with lumbar intervertebral disc displacement, herniated nucleus pulposus, lumbar radiculopathy and unspecified drug dependency. Comorbid conditions include diabetes and obesity. Treatment to date has included diagnostic testing, physical therapy, chiropractic therapy, lumbar epidural steroid injections, psychological testing, assistive devices and medications. Except for epidural steroid injections, there were no other invasive surgical procedures performed. According to the primary treating physician's progress report on May 28, 2015, the injured worker continued to experience low back pain. Examination demonstrated lumbar flexion at 30 degrees, extension at 10 degrees creating low back pain. The injured worker ambulated favoring the right lower extremity. It was also noted that the injured worker had an uneven leg length. Left lower extremity exam revealed a 5-/5 quadriceps weakness and the right side demonstrated 4/5 weakness of the quadriceps, tibialis anterior, extensor digitorum brevis, peroneus and toe flexor muscles. The patellar and Achilles reflexes were equal at +1 bilaterally. The injured worker is currently working full time. Current medications are listed as Percocet 10/325mg, Lyrica and Duexis. Treatment plan consists of shoe inserts and the current request for physical therapy times 8 sessions and a full size IntelliBED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. However, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8-week period and the program should be tailored to allow for fading of treatment. The ACOEM guideline additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has a chronic musculoskeletal condition that will require repeat PT treatments for exacerbation of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions, the therapy should follow the above recommendations and a good home exercise program becomes key to prevent recurrent flare-ups. This patient had 8 sessions of PT recently and the provider is requesting 8 more sessions. However, the provider did not give any reason for exceeding the number of PT sessions recommended by the MTUS. The patient should be on a home exercise program that would continue the therapeutic gains established by her recent physical therapy sessions. Medical necessity for the requested number and frequency of physical therapy has not been medically necessary.

Full Size Intellibed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter, Mattress Selection; Bed Rest.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Low back disorders. Occupational medicine practice guidelines.

Decision rationale: An Intellibed (c) is a foam gel mattress advertised to improve sleep by improving spinal column support and relieving point pressure. It is considered a low-tech form of support for sleep. There is a paucity of double blind scientific studies to support use of special mattresses for improving pain control during sleep. The 2007 ACOEM guidelines found insufficient evidence to recommend use of specific mattresses or other sleeping devices such as

waterbeds or hammocks to treat low back disorders. There is good evidence that low-tech mattresses are effective at preventing pressure ulcers in at risk patients. This patient is not at risk for developing pressure ulcers. Considering all the available information, medical necessity for use of foam gel mattress in the treatment of this patient has not been medically necessary.