

Case Number:	CM15-0025046		
Date Assigned:	03/30/2015	Date of Injury:	08/29/2014
Decision Date:	06/11/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	02/09/2015

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: Arizona, Michigan
 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 22-year-old male patient, who sustained an industrial injury on 08/29/2014. A primary treating office visit dated 12/17/2014, reported prior management to include radiographic study and magnetic resonance imaging of lumbar spine. He had injection administered, was prescribed Tylenol, a muscle relaxer and participated in 8 sessions of physical therapy. He was to return to work with modified duties. The patient's present complaints are of intermittent moderate pain described as dull affecting the lumbar spine and thoracic spine. Physical examination of thoracic spine revealed 3+ spasm and tenderness to the bilateral paraspinal muscles from T8 to T12. His lumbar spine also revealed 3+ spasm to the bilateral paraspinal muscles from L1 to S1. The right patellar reflex was decreased along with the left achilles. The diagnostic impression noted lumbar disc displacement without myelopathy and thoracic disc displacement without myelopathy. The patient was released to work with restrictions. The plan of care involved a recommendation of physical medicine visits and on going home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow Up Visit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) / office visits.

Decision rationale: Per the MTUS/ ACOEM "Patients whose low back may be work related should receive follow-up care every three to five days by a midlevel practitioner, who can counsel them about avoiding static positions, medication use, activity modification, and other concerns. Take care to answer questions and make these sessions interactive so that patients are fully involved in their recovery. If the patient has returned to work, these interactions may be done on site or by telephone to avoid interfering with modified- or full-work activities. Physician follow-up generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected, on average. Physician follow-up might be expected every four to seven days if the patient is off work and every seven to fourteen days if the patient is working." Per the ODG, office visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. 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." Therefore based on the injured workers clinical presentation and the guidelines the request for retrospective follow up visit is medically necessary.

6 Visits of Physical Medicine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine.

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

Decision rationale: Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records indicate that he has had 6 sessions of physical therapy with documented improvement in pain and function and would be continuing a home exercise regimen. Due to his documented gains with physical therapy, the request for additional 6 visits of Physical medicine is medically necessary.

Electrical Stimulation to Lumbar: 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); Electrical Muscle Stimulation (EMS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Electrical Stimulation (E-Stim) Page(s): 45.

Decision rationale: Per the MTUS, there are multiple electrical stimulation modalities each with different treatment guidelines examples include: TENS, chronic pain (transcutaneous electrical nerve stimulation), TENS, post operative pain (transcutaneous electrical nerve stimulation), Electroceutical therapy (bioelectric nerve block), Galvanic stimulation, Neuromuscular electrical stimulation (NMES), H-wave stimulation (HWT), Interferential current stimulation (ICS), Microcurrent electrical stimulation (MENS devices), RS-4i sequential stimulator, Sympathetic therapy, Dynatron STS, Percutaneous electrical nerve stimulation (PENS), Percutaneous neuromodulation therapy (PNT), Spinal cord stimulation. However, a review of the injured workers medical records do not reveal the specific type of electrical stimulation requested and without this information medical necessity is not established.

Infrared to Thoracic/Lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

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) / Infrared therapy (IR).

Decision rationale: The MTUS / ACOEM did not sufficiently address the use of infrared therapy in chronic low back pain and therefore other guidelines were consulted. Per the ODG, infrared therapy is "not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care (exercise). The IR therapy unit used in this trial was demonstrated to be effective in reducing chronic low back pain, and no adverse effects were observed; the IR group experienced a 50% pain reduction over 7 weeks, compared with 15% in the sham group. (Gale, 2006)." A review of the injured workers medical records reveal that infrared therapy is being requested as part of his physical medicine which also includes exercise and therefore based on the injured workers positive response to previous physical therapy with documented improvement in pain and function the request for Infrared to Thoracic/Lumbar as part of his physical therapy is medically necessary.

Massage Thoracic and Lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 40.

Decision rationale: Per the MTUS, massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculo-skeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. A review of the injured workers medical records reveal that massage therapy is being requested as part of his physical medicine which also includes exercise and therefore based on the injured workers positive response to previous physical therapy with documented improvement in pain and function the request for massage Thoracic and Lumbar as part of his physical therapy is medically necessary.

Therapeutics activities: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Per the MTUS, Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regimen. A review of the injured workers medical records reveal that this is being requested as part of a physical medicine regimen with documented improvement in pain and function with prior physical therapy, therefore the request for therapeutic activities, supine lumbar spine mobilization (20 reps 3 sets) as part of his physical therapy is medically necessary.

Chiro Thoracic & Lumbar: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Per the MTUS, "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Low back: Recommended as an option. Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." A review of the injured workers medical records reveal that this is being requested as part of a physical medicine regimen with documented improvement in pain and function with prior physical therapy, therefore the request for Chiro Thoracic & Lumbar as part of the 6 visits for physical medicine addressed in a separate request is medically necessary.