

Case Number:	CM15-0099343		
Date Assigned:	06/03/2015	Date of Injury:	10/30/2014
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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, 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 59 year old male who sustained an industrial injury on 10/30/14. Initial complaints include low back pain. Initial diagnoses include lumbar sprain. Treatments to date include heat, icy hot gel, Aleve, physical therapy. Diagnostic studies re not addressed. Current complaints include back pain. Current diagnoses include lumbar sprain. In a progress note dated 11/03/14 the treating provider reports the plan of care as range of motion testing. The requested treatments include is an Ossur lumbar cold pack with a strap and lumbar physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ossur Lumbar Cold pack with strap: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Cold packs.

Decision rationale: Pursuant to the Official Disability Guidelines, OSSUR lumbar cold pack with strap is not medically necessary. "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living". There is limited evidence supporting the use of cold therapy, but the therapy has been found to be helpful. In this case, the injured worker's working diagnosis is lumbar sprain. The treatment plan dated May 1, 2015 (request for authorization May 5, 2015) states physical therapy and a cold pack is indicated for the injured worker's low back pain. There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as cold packs. Additionally, there is limited evidence supporting the use of cold therapy. Consequently, absent guideline recommendations for cold packs, OSSUR lumbar cold pack with strap is not medically necessary.

Physical therapy 2 x 6 Lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Physical medicine guidelines Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times a week times six weeks to the lumbar is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis is lumbar sprain. A physical therapy progress note in the medical record dated January 15, 2015 indicated there was no improvement in pain with physical therapy. The discharge note indicated the injured worker was discharged to a home exercise program. The injured worker completed six sessions of physical therapy. The guidelines recommend a six for the clinical trial. With objective functional improvement additional physical therapy may be indicated. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation of the objective functional improvement from prior physical therapy (first six visits), physical therapy two times a week times six weeks to the lumbar is not medically necessary.