

Case Number:	CM13-0040765		
Date Assigned:	12/20/2013	Date of Injury:	09/11/2007
Decision Date:	01/02/2015	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/29/2013

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. The expert reviewer is Board Certified in Orthopedic Surgeon, has a subspecialty in Fellowship Trained in Spine Surgery and is licensed to practice in Georgia and South Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old male who reported an injury on 09/11/2007. The mechanism of injury was while carrying a firehose line up a hill during a brush fire, the injured worker experienced sharp pain and muscle spasms in his lower back. His diagnoses included low back pain, displacement of lumbar intervertebral disc without myelopathy, degeneration of the lumbar intervertebral disc, and spondyloarthritis lumbosacral. There were no indications of past treatments included with documentation. Past diagnostics included an MRI of the lumbar spine performed on 09/16/2011, which revealed a 2 mm disc bulge to the L3-4, a mild disc bulge to the L4-5, and a 2 mm broad based disc bulge paracentral toward the right side to the L5-S1. His complaints on 08/14/2013 were pain to the lower back radiating down the buttocks and legs, with numbness and spasms that increased while sitting. Upon physical examination of the lumbar spine, range of motion values were extension 0 to 10 degrees with pain, lateral bending to the right 10 to 20 degrees with pain, lateral bending to the left 10 to 20 degrees with pain, lateral rotation to the right 40 degrees, and lateral rotation to the left 40 degrees. Strength to the bilateral lower extremities were within normal limits, and neurovascular examination showed sensation was intact from L1-S1. No medications were included with documentation. The treatment plan and rationale for motorized cold therapy, home nursing for daily dressing changes for 2 weeks and home physical therapy 3 x 2 were not provided with documentation. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motorized Cold Therapy unit x 2 weeks rental: 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 Official Disability Guidelines (ODG), Low Back, Cold/heat packs Total Knee.

Decision rationale: The Official Disability Guidelines recommends cold/heat packs as an option for acute pain for the first few days. Evidence of cold treatment application to low-back pain is more limited than heat therapy, only three poor quality studies support its use, but studies confirm that it may be a low risk low cost option. The injured worker had complained of low back pain with numbness to the low back and rated his pain as moderate. No rationale or indication for the use of cold therapy to the lower back was indicated, and the request does not specify the area the unit is to be used. As such, the request for Motorized Cold Therapy unit x 2 weeks rental is not medically necessary.

Home Nursing for daily dressing changes for 2 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

Decision rationale: According to the California MTUS Guidelines, home health services are recommended for patients who are homebound, not to exceed more than 35 hours per week. While no indications were submitted as to why the injured worker would be deemed homebound, or the necessity for daily dressing changes. Furthermore a specific area is not indicated for dressing changes within the documentation. As such, the request for Home Nursing for daily dressing changes for 2 weeks is not medically necessary.

Home Physical Therapy 3 X 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services, Physical Medicine Page(s): 51, 98, 99.

Decision rationale: The California MTUS recommends home health services for patients that are homebound, where services are needed for no more than 35 hours per week. Additionally physical therapy is recommended for myalgia and myositis for 9-10 visits over 8 weeks, with evidence of objective functional improvement. The injured worker had complaints of low back

pain with numbness though no current evidence of objective functional improvement, or indications as to why the injured worker would be deemed homebound were submitted for review. Furthermore a specific area was not indicated on the request. As such, the request for Home Physical Therapy 3x3 is not medically necessary.