MAXIMUS Federal Services

Case Number:	CM13-0061891		
Date Assigned:	12/30/2013	Date of Injury:	03/08/1983
Decision Date:	04/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/05/2013

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 Family Practice and is licensed to practice in California. 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 patient is a 70-year-old female who reported an injury on 03/08/1983. The mechanism of injury was not stated. The patient has been diagnosed with disc lesion of the cervical spine with radiculitis, right shoulder impingement, lumbar sprain and strain, thoracic disc lesion, and lumbar disc lesion. A request for authorization was submitted by [redacted] on 11/05/2013 for physical therapy, a psychological evaluation with treatment recommendations, an electrical heating pad, and a refill of Celebrex. However, there was no physician progress report submitted on the requesting date by [redacted]. The most recent clinical note submitted by [redacted] is dated 03/15/2012. The patient's medication regimen at the time included Tylenol No. 3, Ativan, Nexium, and Flector patches. A physical examination was not provided on that date. Treatment recommendations included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: 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 Page(s): 98-99.

Decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. As per the documentation submitted, the patient has participated in physical therapy. Documentation of objective functional improvement was not provided. Additionally, the request for 12 sessions of physical therapy exceeds guideline recommendations. There is no evidence of an updated physical examination. Based on the clinical information received, the request is non-certified.

One psychological examination with treatment recommendations if and as clinically indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, Psychological treatment Page(s): 100-10.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of a psychological examination. The medical necessity for the requested referral has not been established. Therefore, the request is non-certified.

One electric heating pad: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar and Thoracic (Acute and Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300.

Decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no proven efficacy in treating acute low back symptoms. At home local applications of heat or cold are as effective as those performed by therapists. There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of an up dated physical examination. There is no mention of a contraindication to at home local applications of head as opposed to an electrical heating pad. Based on the clinical information received, the request is non-certified.

Celebrex refill, quantity of 3:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: There was no physician progress report submitted on the requesting date. Therefore, there is no evidence of this patient's active utilization of this medication. The current request does not specify the dose or frequency. The request for a quantity of 3 capsules cannot be determined as medically appropriate. Based on the clinical information received, the request is non-certified.