

Case Number:	CM13-0071258		
Date Assigned:	01/08/2014	Date of Injury:	09/22/1999
Decision Date:	06/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/28/2013

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 Occupational Medicine, 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:

Utilization review from December 23, 2013 denied the requests for pain management because a previous request for pain management was certified but there was no evidence that the patient has completed that consultation; spine specialist because there was no evidence that the patient exhausted conservative care and the requesting physician did not clarify why an additional specialist evaluation was necessary; and physiotherapy three (3) times a week for four (4) weeks because there was no evidence of functional improvement from previous sessions. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain. Pain and radicular symptoms have been increasing, which affects his activities of daily living. On physical examination, there was palpable tenderness at the left lumbar, right lumbar, right sacroiliac, sacral, and left sacroiliac areas.

IMR ISSUES, DECISIONS AND RATIONALES

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

PAIN MANAGEMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: American College Of Occupation And Environmental Medicine (Acoem) 2nd Edition, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, CHAPTER 7, 127,156

Decision rationale: According to pages 127 & 156 of the ACOEM Guidelines, consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In this case, the medical records showed that the patient already underwent pain management consultation dated 1/9/14 wherein plans of epidural injections were discussed. However, there was no discussion regarding uncertainty or complexity of diagnosis that warranted another specialist consultation. Although the course of care may benefit from a pain management consultation, there was no discussion regarding failure of previous treatment by the requesting physician. There is lack of information surrounding this request; therefore, the request for pain management is not medically necessary.

SPINE SPECIALIST: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to pages 305-306 of the ACOEM Practice Guidelines, spine surgeon referral is supported with severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment. In this case, although the medical records showed that the patient had radicular complaints, there were no physical exam findings or imaging studies that indicated the presence of radiculopathy. Furthermore, there was lack of evidence of a lesion that would benefit from surgical management and there was no discussion regarding failure of conservative management. There is no clear indication for a spine surgeon referral; therefore, the request for spine specialist is not medically necessary.

PHYSIOTHERAPY 3 TIMES A WEEK FOR 4 WEEKS: Upheld

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

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

Decision rationale: According to pages 98-99 of the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting

those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment are paramount. In this case, the patient previously underwent an unknown number of physical therapy sessions and the medical records did not indicate objective functional improvement from these. In addition, patients are expected to continue active therapies at home in order to maintain improvement levels. There is no clear indication for continued physical therapy; therefore, the request for physiotherapy 3 times a week for 4 weeks is not medically necessary.