MAXIMUS Federal Services

Case Number:	CM14-0011800		
Date Assigned:	03/03/2014	Date of Injury:	12/03/2012
Decision Date:	06/30/2014	UR Denial Date:	01/19/2014
Priority:	Standard	Application Received:	01/29/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic upper back and low back pain reportedly associated with an industrial injury of December 3, 2012. The applicant also made a variety of derivative allegations, including obstructive sleep apnea. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the life of the claim; opioid therapy; sleep aids; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated January 19, 2014, the claims administrator denied a request for an additional six-session course of physical therapy. The claims administrator cited a variety of MTUS and non-MTUS guidelines in its denial, it is incidentally noted. In a November 15, 2013 physical therapy note, the applicant was described as reporting persistent 6/10 neck pain, shoulder pain, and low back pain. It was stated that the applicant was reportedly compliant with a home exercise program. Various maneuvers in the clinic were painful. Additional physical therapy was sought. In a medical progress note dated October 16, 2013, the applicant was described as reporting persistent neck, shoulder, and upper back pain. The applicant was attending physical therapy with moderate results. The applicant was on a variety of medications, including Ambien, verapamil, tizanidine, Phenergan, Vicodin, hydrochlorothiazide, Keflex, Norvasc, Premarin, albuterol, Macrobid, Coreg, and Keflex, it was stated. A 15-pound lifting limitation was endorsed. It was not clearly stated whether the applicant's employer was able to accommodate said limitation or not. In a subsequent work status report dated January 8, 2014, a 15-pound lifting limitation was again endorsed. On November 27, 2013, the attending provider sought authorization for additional physical therapy. It was again not clearly stated whether or not the applicant was in fact working or not.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL PHYSICAL THERAPY TWICE A WEEK FOR 3 WEEKS UPPER BACK QTY:6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, PAGE 98

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: While the Chronic Pain Medical Treatment Guidelines does endorse a general course of nine to ten sessions of treatment for myalgias and myositis of various body parts, the Chronic Pain Medical Treatment Guidelines also states that there must be interval demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, there is no clear demonstration of functional improvement with earlier treatment as defined by the parameters established in MTUS 9792.20f. A rather proscriptive 15-pound limitation remains in place, unchanged, from visit to visit. It does not appear that the applicant is working with said limitation in place. There is no clear evidence of diminished reliance on medical treatment or improved performance of activities of daily living achieved as a result of ongoing physical therapy usage. The applicant appears to remain highly reliant on various analgesic medications, including Zanaflex, Vicodin, etc. All of the above, taken together, argue against the presence of any functional improvement as defined in section 9792.20f despite completion of earlier unspecified amounts of physical therapy. The request for additional physical therapy for the upper back, twice weekly for three weeks, is not medically necessary or appropriate.