

Case Number:	CM14-0179130		
Date Assigned:	11/03/2014	Date of Injury:	08/14/2008
Decision Date:	12/09/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/28/2014

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 low back pain reportedly associated with an industrial injury of August 14, 2008. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long and short-acting opioids; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator approved a cane, denied 12 sessions of physical therapy, denied HELP chronic pain program referral, and made 'no determination' on an addiction consultation. The applicant's attorney subsequently appealed. In a progress note dated September 24, 2014, the applicant reported ongoing complaints of mid and low back pain. The applicant stated that he would like to do physical therapy to assist in pain control until an addiction consultation could be obtained. The applicant exhibited an antalgic gait with limited lumbar and thoracic ranges of motion secondary to pain. Twelve sessions of physical therapy and a cane were endorsed while the applicant was kept off of work until the next visit. The attending provider suggested that both an addiction consultation and/or an HELP referral could generate some improvement here. In a progress note dated September 19, 2013, the applicant was again placed off of work, on total temporary disability. It was stated that the applicant was pending an addiction medicine consultation. 7/10 pain was noted. The applicant was having difficulty managing independently in his shower and stated that he was unable to do routine footcare. In an earlier Utilization Review Report dated August 13, 2013, a HELP program evaluation and neurosurgery evaluation were both denied. It was stated that the applicant had had a recent drug screen which was positive for marijuana. On March 6, 2014, the applicant was again placed off of work, on total temporary disability. It was stated that an addiction medicine evaluation and a HELP program evaluation were being sought at that point in time. The

applicant's medication list was not provided, although it was suggested that the applicant was being maintained off of medications. It was not clearly stated why the addiction medicine consultation was being sought, although one could infer that this was a function of the earlier positive marijuana test. The applicant was not using any prescription medications.

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 to The Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Functional Restoration Approach to Chronic Pain Management section Pa.

Decision rationale: The 12-session course of treatment proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. It is further noted that page 8 of the Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work, on total temporary disability, despite having had unspecified amounts of physical therapy over the course of the claim, suggesting a lack of functional improvement as defined in MTUS 9792.20f, despite earlier physical therapy. Therefore, the request for an additional 12 sessions of physical therapy is not medically necessary.

HELP Referral: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs topic Page(s): 32.

Decision rationale: As noted on page 32 of the Chronic Pain Medical Treatment Guidelines, some of the cardinal criteria for pursuit of a functional restoration program include evidence that previous methods of treating chronic pain have proven unsuccessful and there is an absence of other options likely to result in significant clinical improvement, evidence that an adequate and thorough baseline evaluation has been made, evidence that an applicant is motivated to change, and evidence that an applicant is willing to forego secondary gains, including disability payments to effect said change. Here, however, there is no evidence that the applicant is motivated to change. There is no evidence that the applicant is willing to forego disability payments in an effort to try and improve. There is no evidence that previous methods of treating chronic pain have been in fact proven unsuccessful here. The attending provider continues to request an

addiction medicine consultation. There is no evidence that the applicant has in fact had said addiction medicine consultation which could in effect represent treatment which the applicant has not yet had which could in fact be beneficial and potentially obviate the need for the HELP referral/HELP program/chronic pain program. Therefore, the request is not medically necessary.