

Case Number:	CM14-0182065		
Date Assigned:	11/06/2014	Date of Injury:	01/15/2003
Decision Date:	12/12/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 pain syndrome, fibromyalgia, chronic low back pain, and arthritis/arthropathy of various body parts reportedly associated with an industrial injury of January 15, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy over the course of the claim; immunomodulator medications; a 25% whole-person impairment rating; and extensive periods of time off work. In a utilization review report dated October 7, 2014, the claims administrator approved a request for methotrexate, approved a request for folic acid, approved a request for Plaquenil, approved routine laboratory studies, denied 36 sessions of physical therapy, and denied a lumbar support. The claims administrator stated that the applicant had completed 12 recent sessions of aquatic therapy and had failed to profit from the same. The claims administrator also invoked non-MTUS ODG Guidelines to deny the lumbar support, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a progress note dated July 11, 2014, the applicant reported multifocal complaints of total body pain, chronic fatigue, insomnia, neck pain, upper back pain, and bilateral knee pain. The applicant was asked to continue methotrexate, Folate, Plaquenil, Flurbiprofen, Diclofenac, Prilosec, Tizanidine, and glucosamine for reported rheumatoid arthritis. In an April 14, 2014, permanent and stationary report, the applicant was given a 25% whole-person impairment rating. The attending provider acknowledged that considerable lack of diagnostic clarity was present here, noted that the applicant had been given various and sundry diagnoses over the course of the claim, including rheumatoid arthritis, Sjgren syndrome, undifferentiated connective tissue disorder, and/or fibromyalgia. The applicant was reportedly using methotrexate, Plaquenil, Diclofenac, glucosamine, Tizanidine, Prilosec, and unspecified topical compounds. In a

September 10, 2014, progress note, the applicant reported multifocal pain complaints with a primary complaint of chronic low back pain. The applicant was placed off work, on total temporary disability. Flexeril, Prilosec, Norco, Naprosyn, and a Capsaicin-containing topical compound were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 12 36 for multiple body parts: 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 Page.

Decision rationale: The 36-session course of physical therapy proposed, in and of itself represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. No compelling case for treatment this far in excess of MTUS parameters was proffered by the attending provider. It is further noted that this recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant remains off work, on total temporary disability, and remains dependent on a variety of analgesic, adjuvant, and immunomodulated medications, including methotrexate, Naprosyn, Norco, a capsaicin-containing topical compound, Plaquenil, Flexeril, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite prior unspecified amounts of physical therapy over the course of the claim, including 12 sessions of physical therapy in 2014 alone. Therefore, the request is not medically necessary.

lumbar brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar Supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit outside of the acute phase of symptom relief. Here, however, the applicant is, quite clearly, well outside of the acute phase of symptom relief following an industrial injury of January 15, 2003. Introduction and/or

ongoing use of a lumbar support are not indicated at this late stage in the course of the claim. Therefore, the request is not medically necessary.