MAXIMUS Federal Services

Case Number:	CM14-0033517		
Date Assigned:	07/11/2014	Date of Injury:	01/18/2006
Decision Date:	10/14/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 neck, mid back, low back, and knee pain reportedly associated with an industrial injury of January 18, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; earlier lumbar fusion surgery; and cervical epidural steroid injection therapy.In a Utilization Review Report dated January 27, 2014, the claims administrator denied a request for 12 sessions of physical therapy and 12 sessions of aquatic therapy. In its Utilization Review Report, the claims administrator did not state when the articles in question were sought. The most recent progress note, seemingly made available to claims administrator was dated September 9, 2013, however.The applicant's attorney subsequently appealed.In a medical legal evaluation dated March 24, 2013, the applicant reported persistent complaints of pain, anxiety and depression. The applicant had received 35 sessions of psychotherapy over the life of the claim, it was stated. The applicant was using Cymbalta, Xanax, Seroquel, and Lunesta. It was stated that medication compliance was an issue as it was not apparent whether the applicant was using the medications in question.In a December 12, 2013, progress note, the applicant reported multifocal neck and low back pain, 7 to 8/10, with derivative complaints of anxiety, depression, and headaches. The applicant was using Norco, Cymbalta, Zanaflex, Seroquel, and Lunesta, it was stated. The applicant was asked to continue physical therapy, manipulative therapy, acupuncture and other medications. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Cervical and Lumbar 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173,Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic. Page(s): 99, 8.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 8-to-10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, there must be some demonstration of functional improvement at various milestones in treatment program in order to justify continued treatment. In this case, the applicant is off of work, although it is acknowledged that this may be function of the applicant's mental health issues as opposed to his medical issues. The applicant, furthermore, remains on highly reliant and highly dependent on numerous analgesic and psychotropic medications, including Zanaflex, Norco, Prilosec, Seroquel, Cymbalta, and Lunesta, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier unspecified amounts of physical therapy over the life of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Aqua Therapy 3 x 4 Thoracic, Cervical & Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Topic.; Aquatic Therapy Topic. Page(s): 99; 22.

Decision rationale: The 12-session course of treatment proposed, in and of itself, represents treatment in excess of 8 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. It is further noted that the page 22 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that aquatic therapy be employed as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, however, there is no evidence that the applicant has a condition or conditions for which reduced weightbearing is desirable. There is no evidence that the applicant's chronic multifocal pain syndrome required reduced weightbearing. Therefore, the request is not medically necessary.