MAXIMUS Federal Services

Case Number:	CM14-0049322		
Date Assigned:	06/25/2014	Date of Injury:	03/05/2012
Decision Date:	09/10/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/25/2014

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, shoulder, and low back pain reportedly associated with an industrial injury of March 5, 2012. Thus far, the applicant has been treated with analgesic medications; earlier shoulder surgery; and extensive periods of time off of time. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for 12 sessions of physical therapy, citing MTUS and non-MTUS Guidelines. The applicant's attorney subsequent appealed. In a June 9, 2014 progress note, the applicant was described as having persistent complaints of neck, low back, mid back, and shoulder pain, highly variable, ranging from 2-5/10. The applicant was also having issues with migraine headaches. A shoulder manipulation under anesthesia surgery was sought, along with additional chiropractic manipulative therapy. The applicant was described as using Celebrex, Lidoderm, Zestril, Neurontin, Percocet, and Relpax, it was acknowledged. The applicant was placed off of work, on total temporary disability. The applicant was again placed off of work, on total temporary disability, in an earlier note of May 7, 2014, at which point medial branch blocks were sought. On May 21, 2014, the applicant was again placed off of work, on total temporary disability, while Celebrex and Percocet were renewed. In a medical-legal evaluation of March 5, 2014, it was stated that the applicant should remain off of work, on total temporary disability. Additional physical therapy was sought via a February 27, 2014 progress note, at which point prescription for Flector, Lidoderm, Motrin, and Norco were issued while the applicant was again placed off of work. The attending provider stated that he was seeking authorization for physical therapy following planned radiofrequency ablation procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy two times a week for six weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Comp.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS page 99, Physical Medicine topic.2. MTUS page 8.3. MTUS 9792.20f Page(s): 99,8.

Decision rationale: The 12-session course of treatment, 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 reportedly present here. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work, on total temporary disability, and remains highly reliant on various forms of medical treatment, including interventional spine procedures such as medial branch blocks, radiofrequency ablation procedures, and opioids such as Percocet and Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite unspecified amounts of physical therapy over the course of the claim. Accordingly, the request is not medically necessary.