

Case Number:	CM14-0052449		
Date Assigned:	07/07/2014	Date of Injury:	04/02/2009
Decision Date:	10/09/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 Family Medicine and is licensed to practice in Texas and Mississippi. 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 injured worker is a 67-year-old female who reported an injury 04/12/2009. The mechanism of injury was not provided within the medical records. The clinical note dated 03/14/2014 indicated diagnoses of myofascial pain, intervertebral disc disease and right knee internal derangement. The injured worker reported continued low back pain and right knee pain which elevated with her activities of daily living. The injured worker reported her pain was rated 6/10 with medication and 8/10 without medication. On physical examination there was tenderness in the lumbosacral musculature without myospasms and painful right knee both medial and lateral compartments with range of motion that was restricted. The injured worker's treatment plan included renewal of medications and authorization of 12 visits of physical therapy. The injured worker's prior treatments included medication management and physical therapy. The injured worker's medication regimen included Celexa. The provider submitted a request for Celexa and physical therapy. A Request for Authorization dated 03/14/2014 was submitted for Celexa and physical therapy; however, the rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celexa 60mg #30: 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), Pain Chapter SSRIs (selective serotonin reuptake inhibitors)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin reuptake inhibitors (SSRIs) Page(s): 16.

Decision rationale: The request for Celexa 60mg #30 is not medically necessary. The CA MTUS guidelines state selective serotonin reuptake inhibitors (SSRIs), are a class of antidepressants that inhibit serotonin reuptake without action on noradrenaline, and are controversial based on controlled trials. More information is needed regarding the role of SSRIs and pain. The injured worker reported pain rated 6/10 with medications and 8/10 without medications. There is a lack of documentation of significant pain relief and functional improvement with the use of Celexa. There is no indication of a diagnosis of depression. The guidelines state more information is needed regarding the role of SSRIs for pain. In addition, the request does not indicate a frequency. Therefore, the request for Celexa is not medically necessary.

12 Sessions of Physical Therapy (2 visits for 6 weeks): 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 Page(s): 98.

Decision rationale: The request for 12 Sessions of Physical Therapy (2 visits for 6 weeks) is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. The guidelines note injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend 9-10 visits over 8 weeks for myalgia and myositis with the fading of treatment frequency, plus active self-directed home physical medicine. There is lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. In addition, there is lack of documentation indicating an adequate and complete physical exam demonstrating the injured worker has decreased functional ability, decreased range of motion, and decreased strength or flexibility. Moreover, the amount of physical therapy visits that have already been completed was not indicated. Additionally, completed physical therapy should have been adequate to improve functionality and transition the injured worker to a home exercise program where the injured worker may continue with exercises such as strengthening, stretching and range of motion. Furthermore, the request for 12 sessions of physical therapy exceeds the guideline recommendations. Lastly, the submitted request did not indicate a body part for the physical therapy. Therefore, the request for 12 sessions of physical therapy is not medically necessary.

