

Case Number:	CM14-0056341		
Date Assigned:	08/08/2014	Date of Injury:	01/12/2012
Decision Date:	09/18/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 43 year-old female who was reportedly injured on January 13, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 31, 2014 indicates that there are ongoing complaints of low back pain. The physical examination demonstrated no changes subsequent to the prior evaluation (and the prior evaluation may the same notation that any specific objective data). Diagnostic imaging studies were not presented. Previous treatment includes narcotic medications, physical therapy and pain management intervention. A request was made for additional physical therapy and was denied in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

Decision rationale: When considering the date of injury, the injury sustained, and the parameters noted in the California Medical Treatment Utilization Schedule relative to physical

therapy for chronic pain there is no clinical indication for additional formal physical therapy. The previous endeavors and the physical therapy should of instructed the individual with a home exercise protocol. The California Medical Treatment Utilization Schedule does an excellent 10 visits of management of low back pain is although be supported, and given the previous physical therapy completed transition to home exercise protocol emphasizing overall fitness and conditioning and achieving ideal body weight is all that would be supported. As such, this request is not medically necessary.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting the date of injury, and the numerous evaluations indicating no change in the physical examination; tempered by the parameters noted in the California Medical Treatment Utilization Schedule that there needs to be unequivocal objective findings or a expanding neurologic deficit there clearly is no clinical indication presented support this request. The medical necessity has not been established the progress of presented for review.

EMG of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting that the physical examination is essentially unchanged from the last several months, and as outlined in the California Medical Treatment Utilization Schedule and is to be documentation of a specific subtle focal neurologic dysfunction or progressive changes and seeing none, there is no medical evidence presented to establish the medical necessity of this request.

NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: When noting that the physical examination is essentially unchanged from the last several months, and as outlined in the California Medical Treatment Utilization Schedule

and is to be documentation of a specific subtle focal neurologic dysfunction or progressive changes and seeing none, there is no medical evidence presented to establish the medical necessity of this request.

Referral to Orthopedics: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7-Independent Medical Examinations and Consultations, Page 127.

Decision rationale: When considering the date of injury, the injury sustained, the lack of response to conservative measures and that there is a uncertainty relative to the diagnosis, as outlined in the American College of Occupational and Environmental Medicine guidelines there is support for a consultation. Therefore, the medical necessity has been established.

Psych evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7-Independent Medical Examinations and Consultations, Page 127.

Decision rationale: When considering the date of injury, the injury sustained, the lack of response to conservative measures and that there is a uncertainty relative to the diagnosis, as outlined in the American College of Occupational and Environmental Medicine guidelines clarification of the bar pressing diagnosis is warranted. However, there is nothing in the progress notes to suggest any psychiatric maladies. Therefore, there is insufficient clinical evidence presented to support this request. And as such, this request is not medically necessary.

Norco 10/325mg, qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

Decision rationale: As outlined in the California Medical Treatment Utilization Schedule, this is a short acting opiate indicated for management of moderate to severe breakthrough pain. In

this situation, there is no objectification that the pain has been control, the symptoms are ongoing and unchanged, there is no documentation of increased functionality, decrease symptomology or other parameters indicating a positive efficacy to uses medication. As such, one of the pain complaints are unchanged and the exact diagnosis has not been established medical necessity for this medication is not established.

Psych Treatment: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7-Independent Medical Examinations and Consultations, Page 127.

Decision rationale: When noting the date of injury, the injury sustained, there is evidence that the diagnosis has not been established as such, the need for psychiatric intervention has not been established. This is not medically necessary.