

Case Number:	CM14-0065319		
Date Assigned:	07/11/2014	Date of Injury:	08/01/2013
Decision Date:	09/18/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/08/2014

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 pain, and low back pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; 18 sessions of physical therapy, per the claims administrator; 24 sessions of occupational therapy, per the claims administrator. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for six sessions of occupational therapy to each of the cervical, thoracic, and lumbar spines. The claims administrator invoked NON-MTUS ODG Guidelines, it is incidentally noted, in its report but did not incorporate any of the aforementioned guidelines into its rationale. The applicant's attorney subsequently appealed. It appears that the occupational therapy in question was requested via a Doctor's First Report (DFR) May 28, 2014, in which the applicant presented with neck, mid back, low back pain to a new primary treating provider. The applicant was placed described as having somewhere between 18 to 24 sessions of occupational therapy by the applicant's new primary treating provider. A driving cushion, sit lift, chiropractic manipulative therapy, and additional physical therapy were sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational therapy cervical #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): :99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Official Disability Guidelines (ODG): Physical Therapy-Sprains & strains of neck.

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

Decision rationale: The applicant has already had prior treatment (18 to 24 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue present here. In this case, furthermore, there has been no demonstration of functional improvement as defined in section 9792.20f which would support further treatment beyond the guideline. The applicant is off of work, on total temporary disability. The attending provider has not outlined how the previous treatment was beneficial to the applicant and/or what the goals are, going forward, with further treatment. Therefore, the request is not medically necessary.

Occupational therapy thoracic spine #6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): :99. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back.

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

Decision rationale: The applicant has already had prior treatment (18 to 24 sessions), seemingly well in excess of 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue present here. As further noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In case, the fact that the applicant is off of work, on total temporary disability, does suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of prior physical and occupational therapy already in excess of the guideline. Therefore, the request is not medically necessary.

Occupational therapy lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): :99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar and Thoracic Official Disability Guidelines (ODG) Lumbar Sprains & Strains.

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

Decision rationale: The applicant has already had prior treatment (at least 18 to 24 sessions), seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue present here. No rationale for further treatment beyond MTUS parameter was proffered by the attending provider. The fact that the applicant remains off of work, on total temporary disability, suggested that the earlier occupational and physical therapy treatment already in excess of the MTUS parameters failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f. Therefore, the request for additional occupational therapy is not medically necessary.