

Case Number:	CM14-0068323		
Date Assigned:	07/14/2014	Date of Injury:	03/26/1997
Decision Date:	09/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/13/2014

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 low back and neck pain reportedly associated with an industrial injury of March 26, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 13, 2014, the claims administrator partially certified a request for 12 sessions of physical therapy for the cervical and lumbar spine as six sessions of physical therapy for the same. The claims administrator invoked a variety of non-MTUS ODG guidelines in its partial certification and also invoked Chapter 8 and Chapter 12 ACOEM citations despite the fact that the MTUS Chronic Pain Medical Treatment Guidelines addressed the topic. The applicant's attorney subsequently appealed. On January 15, 2014, the applicant reported a flare of chronic pain syndrome and secondary myofascial pain syndrome. The applicant was using Effexor, Celebrex, supplemental testosterone, Soma, Norco, Lipitor, Norvasc, Desyrel, Ditropan, Fioricet, and Dyazide, it was noted. Multiple myofascial tender points were noted. Multiple medications were renewed. Trigger point injection therapy was performed in the office setting, along with a Toradol injection. On February 28, 2014, the applicant was given another set of trigger point injections plus a Toradol injection, along with refills of Soma, Celebrex, and Fioricet. The applicant was having persistent complaints of multifocal pain, 7/10. The applicant was having a "crisis," it was suggested. The applicant's work status was not clearly stated. It appears that the physical therapy in question was sought via an April 7, 2014 progress note, in which the applicant again presented with 9/10 multifocal myofascial pain syndrome. The applicant was again given trigger point injections and Toradol injections in the clinic setting. On April 21, 2014, the applicant's psychologist reported that the

applicant would remain off of work "permanently," both owing to depression and anxiety as well as owing to chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for lumbar and cervical spine, #12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

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

Decision rationale: The 12-session course of proposed treatment, in and of itself, represents treatment 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 myositis of various body parts, the issue seemingly present here. No rationale for treatment in excess of the MTUS parameters was proffered by the attending provider. 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. The applicant has been deemed permanently disabled. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including trigger point injection therapy, frequent Toradol injections, psychotropic medications, opioid therapy, barbiturate agents, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.