

Case Number:	CM14-0070423		
Date Assigned:	07/14/2014	Date of Injury:	06/08/2009
Decision Date:	09/25/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 6/8/09 date of injury. At the time (4/11/14) of request for authorization for Multidisciplinary Pain Program due to pain, left knee and cervical spine and twelve (12) visits of physical therapy for the cervical spine, there is documentation of subjective (multiple orthopedic complaints, neck pain, back pain, as well as frequent headaches) and objective (cervical spine decreased range of motion, lower back diffuse tenderness at L4-S1, right knee tenderness with patellofemoral grind) findings, current diagnoses (discopathy L4-5-S1 with annular tear, right knee patella femoral dysfunction with fissure of trochlea, cervical spine strain/sprain, headaches probable due to cervicogenic cause, psychology overlay (with adjustment disorder with mixed anxiety and depressed mood, chronic insomnia type sleep disorder and psychological factors affecting medical condition)), and treatment to date (activity modification, medications, and physical therapy). The number of physical therapy visits completed to date cannot be determined. 3/18/14 medical report identifies that the patient is not a surgical candidate. Regarding the requested Multidisciplinary Pain Program due to pain, left knee and cervical spine, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; that the patient exhibits motivation to change; and that there is an absence of other options likely to result in significant clinical improvement. Regarding the requested twelve (12) visits of physical therapy for the cervical spine, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Multidisciplinary Pain Program due to pain, Left Knee and Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of a functional restoration/chronic pain program. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documentation by subjective and objective gains. Within the medical information available for review, there is documentation of diagnoses of discopathy L4-5-S1 with annular tear, right knee patella femoral dysfunction with fissure of trochlea, cervical spine strain/sprain, headaches probable due to cervicogenic cause, psychology overlay (with adjustment disorder with mixed anxiety and depressed mood, chronic insomnia type sleep disorder and psychologic factors affecting medical condition. In addition, there is documentation that the patient is not a candidate for surgery. However, there is no documentation that an adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; that the patient has a significant loss of ability to function independently resulting from the chronic pain; and that the patient exhibits motivation to change. In addition, given an associated request for physical therapy for the cervical spine, there is no documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Therefore, based on guidelines and a review of the evidence, the request for Multidisciplinary Pain Program due to pain, left knee and cervical spine is not medically necessary.

Twelve (12) visits of Physical Therapy for the Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Physical Therapy (PT).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of discopathy L4-5-S1 with annular tear, right knee patella femoral dysfunction with fissure of trochlea, cervical spine strain/sprain, headaches probable due to cervicogenic cause, psychology overlay (with adjustment disorder with mixed anxiety and depressed mood, chronic insomnia type sleep disorder and psychologic factors affecting medical condition. In addition, there is documentation of functional deficits. However, there is no documentation of the number of physical therapy visits completed to date and, if the number of treatments have exceeded guidelines, remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy completed to date. Therefore, based on guidelines and a review of the evidence, the request for twelve (12) visits of physical therapy for the cervical spine is not medically necessary.