

Case Number:	CM14-0071271		
Date Assigned:	09/19/2014	Date of Injury:	05/22/1998
Decision Date:	11/05/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/16/2014

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 claimant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, elbow pain, wrist pain, low back pain, knee pain, ankle pain, and foot pain reportedly associated with cumulative trauma at work between the dates 1961 through May 22, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery; earlier total knee replacement surgery; trigger point injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated April 28, 2014, the claims administrator denied a request for eight sessions of physical therapy. The applicant's attorney subsequently appealed. In a September 23, 2013 progress note, the applicant reported persistent complaints of low back and bilateral leg pain. Trigger point injection therapy and medication refills were sought. Norco and Prilosec were prescribed. Trigger point injections were given in the clinic setting. The applicant was asked to continue permanent work restrictions. In a medical-legal evaluation of February 26, 2007, the applicant reported multifocal neck, arm, finger, shoulder, knee, and hip pain complaints. The applicant was using Norco, Tenormin, Coumadin, flecainide, and terazosin at that point in time. The applicant was not working, it was acknowledged. The applicant had previously received Social Security Disability Insurance (SSDI) benefits, he acknowledged, along with worker's compensation indemnity benefits. The remainder of the file was surveyed. Very little in the way of clinical information was furnished. The April 17, 2014 request for authorization (RFA) form does not appear to have been incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4weeks for the cervical spine: Upheld

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

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support an 8- to 10-session course of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, the applicant's response to earlier treatment has not been clearly identified. It has not been clearly stated how much prior physical therapy treatment the applicant has had over the course of the claim. The applicant is, however, off of work, and seemingly remains dependent on opioid agents such as Norco, based on the admittedly limited information on file. The information which is on file, thus, suggests a lack of functional improvement as defined in MTUS despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.