

Case Number:	CM14-0076115		
Date Assigned:	07/16/2014	Date of Injury:	11/14/1996
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/23/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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 57-year-old female who reported an injury on 11/14/1996. The mechanism of injury was not specifically stated. The current diagnoses include chronic neck pain, chronic low back pain, and chronic left jaw pain. The injured worker was evaluated on 04/10/2014 with complaints of persistent left shoulder pain, neck pain, upper back pain, chest pain, and weakness in the left lower extremity. Previous conservative treatment includes medication management and massage therapy. The current medication regimen includes Vicoprofen, Valium, Celebrex, Lidoderm, Baclofen, Prevacid, Wellbutrin SR, and Voltaren gel. Physical examination revealed no acute distress, tightness/spasm of the bilateral upper trapezius muscles, and tightness/spasm of the bilateral lumbosacral paraspinal muscles with trigger points. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/20/2008 which indicated mild degenerative disc disease without evidence of canal or intervertebral narrowing. Treatment recommendations included continuation of the current medication regimen, 12 sessions of physical therapy, a spine surgery consultation, and a [REDACTED] weight loss program. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgery Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, when treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, there is no evidence of a significant musculoskeletal or neurological deficit upon physical examination. There is no imaging evidence of a significant abnormality that would indicate interventional treatment with surgery is necessary. There is also a lack of documentation indicating the injured worker has exhausted conservative treatment, including physical therapy. Based on the clinical information received, the request is not medically necessary.

Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: California MTUS Guidelines functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical condition. The principals of functional restoration apply to all conditions in general and are not limited to injuries or pain. As per the documentation submitted, there is no indication that this injured worker has tried and failed weight loss with diet and exercise prior to the request for a supervised weight loss program. The medical rationale for a weight loss program was not provided. Based on the clinical information received, the request is not medically necessary.

12 Physical Therapy sessions-Low Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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

Decision rationale: California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Physical medicine treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. Treatment for unspecified neuralgia, neuritis, and radiculitis includes 8 to 10 visits over 4 weeks. The current request for 12 sessions of physical therapy exceeds guideline recommendations. There is also no documentation of a significant functional limitation upon physical examination. Based on the clinical information received, the request is not medically necessary.

