

<b>Case Number:</b>	CM13-0065119		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	11/24/1998
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2013

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 61 year old employee with date of injury of 11/24/1998. Medical records indicate the patient is undergoing treatment for GERD, post-traumatic left lower extremity neuropathy, fibromyalgia, cervical spine disease with forminal stenosis, chronic mid/low back pain chronic pancreatitis, bilateral TMJ dysfunction, mixed headaches, dyslipidemia, depression with anxiety, constipation, xeroslomia, urinary incontinence, fecal incontinence, prediabetes and insomnia. Subjective complaints include chronic pain in the arms, trunk and lower extremities in addition to generalized weakness and back pain. Objective findings include tenderness at the cervical, thoracic and lumbar spine. The patient has stocking hypoesthesia and -5/5 motor strength. The patient ambulates with a 4 point cane. Treatment has consisted of Kadian and Dilaudid. The utilization review determination was rendered on 11/12/2013 recommending non-certification of Physical Therapy, Sleep Apnea Study and Productivity Enhancement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine

Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. The treating physician does not specify the body region to be treated for physical therapy and has not provided objective evidence of a need for physical therapy. There is documentation of back pain. The patient's original date of injury was 11/24/98. The claimant has had an unknown number of physical therapy and the treating physician has not detailed the results of these sessions. In addition, the treating physician has not detailed a new injury, re-injury, or failure of a home exercise program. As such, the request for Physical Therapy is not medically necessary.

**Sleep Apnea Study:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Polysomnography

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography

**Decision rationale:** MTUS is silent regarding sleep apnea studies. ODG states "Polysomnograms / sleep studies are recommended for the combination of indications listed below: (1) Excessive daytime somnolence; (2) Cataplexy (muscular weakness usually brought on by excitement or emotion, virtually unique to narcolepsy); (3) Morning headache (other causes have been ruled out); (4) Intellectual deterioration (sudden, without suspicion of organic dementia); (5) Personality change (not secondary to medication, cerebral mass or known psychiatric problems); & (6) Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended." There is no documentation of excessive daytime sleepiness, cataplexy, intellectual deterioration, personality changes, or insomnia for greater than 6 months. As such, the request for Sleep Apnea Study is not medically necessary at this time.

**Productivity Enhancement Program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Work conditioning/work hardening

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state regarding work condition/hardening:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR(b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.The treating physician did not detail what a productivity enhancement program involved so the MTUS Work Hardening/ Work Conditioning programs was utilized for this question. The medical documentation provided did not adequately address the Chronic Pain Medical Treatment Guidelines for work conditioning programs. Mainly "After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning", "defined return to work goal agreed to by the employer & employee", "Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities". As such, the request for Productivity Enhancement Program is not medically necessary.