

Case Number:	CM14-0009228		
Date Assigned:	02/07/2014	Date of Injury:	10/18/2012
Decision Date:	01/23/2015	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/17/2014

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 has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 18, 2012. In a Utilization Review Report dated January 7, 2014, the claims administrator failed to approve a request for eight sessions of physical therapy for the neck, failed to approve a request for eight sessions of physical therapy for the lumbar spine, failed to approve a supervised weight lost program, and failed to approve a follow-up internal medicine evaluation. The claims administrator stated that the applicant had had extensive prior physical therapy and manipulative therapy to date. The claims administrator based its decision on progress notes of September 27, 2013 and December 23, 2013. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the consultation, in part. The applicant's attorney subsequent appealed. In a July 7, 2013 progress note, the applicant reported ongoing complaints of neck and low back pain, highly variable, 8/10. Norco and Naprosyn were renewed. Trigger point injections were performed. The applicant's work status was not provided. The applicant was given a rather proscriptive 10-pound lifting limitation. It was not stated whether the applicant was or was not working with said limitation in place. The applicant was described as weighing 5 feet 2 inches tall and weighing 240 pounds. On August 21, 2013, the applicant again reported ongoing complaints of low back pain, 8/10. The applicant was using Lortab for pain relief. The applicant was given prescription for Lortab, Naprosyn, and Prilosec. Zanaflex was also endorsed. Medial branch blocks were sought. The applicant was again described as standing 5 feet 2 inches tall and weighing 240 pounds. On August 15, 2013, the applicant was placed off of work, on total temporary disability, through September 5, 2013 owing to ongoing complaints of neck, low back, and left shoulder pain. Aquatic therapy, a follow-up evaluation, and follow-up internal medicine evaluation were endorsed. On November 14, 2013, physical therapy for the lumbar spine to include work hardening modalities, cognitive behavioral therapy,

and a follow-up pain management evaluation were endorsed while the applicant was kept off of work, on total temporary disability. It was stated that the applicant not had additional physical therapy in several months and that the applicant therefore needed treatment at this point. The attending provider also noted that the applicant was depressed. The applicant's medication list was not provided. On September 27, 2013, the applicant again reported multifocal complaints of low back pain, neck pain, and shoulder pain with derivative complaints of anxiety and depression. The applicant was again placed off of work, on total temporary disability, while additional aquatic therapy, pool therapy, follow-up orthopedic evaluation, and cognitive behavioral therapy were endorsed. In an internal medicine report dated September 11, 2013, the applicant was given diagnosis of insomnia. The applicant presented for a blood pressure check here. Blood pressure was 149/75; the applicant weighed 245 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy neck two times a week for four weeks: Upheld

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

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

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the diagnosis reportedly present here, this recommendation is qualified by commentary made 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 in order to justify continued treatment. Here, however, the applicant was placed off of work, on total temporary disability, despite having had prior unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on other forms of medical treatment, including opioid agent such as Norco and trigger point injection therapy, despite prior physical therapy in unspecified amounts over the course of the claim. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

Supervised Weight Loss Program: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (TSAI and Wadden, 2005) Annals Of Internal Medicine, Volume 142, Pages 1-42, January 2005 Evaluation Of The Major Commercial Weight Loss Programs, by a.g. TSAI and T.A. Wadden, Ann R Coll Surg Engl. 2009 Nov 2.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 1, page 11, strategies based on modification of individual risk factors, such as the weight lost program at issue may be "less certain, more difficult, possibly less cost effective." In this case, the attending provider did not clearly outline whatever the applicant had made to try and lose weight of her own accord. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would augment the unfavorable ACOEM position on article at issue. Therefore, the request is not medically necessary.

Follow-up internal medicine evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

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

Decision rationale: As noted in the MTUS Guideline ACOEM Chapter 5, page 92, referral may be appropriate when practitioner is uncomfortable with treating a particular cause or delayed recovery. In this case, it appears, based on the handwritten notes of the applicant's internist, that the applicant was being treated for elevated blood pressure issues by said internist. The applicant's primary treating provider, a chiropractor, is likely ill-equipped to address issues with elevated blood pressure. Obtaining the follow-up expertise of various practitioners better-equipped to such issues, namely an internist, was indicated. Therefore, the proposed follow up internal medicine evaluation was/is medically necessary.

Physical therapy lumbar two times a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Methods; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does report a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, this recommendation, however, is qualified by commentary made 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 in order to justify continued treatment. Here, however, the applicant was/is off of work, on total temporary disability. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite prior unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.