MAXIMUS Federal Services

Case Number:	CM14-0195341		
Date Assigned:	12/03/2014	Date of Injury:	06/21/2013
Decision Date:	02/03/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/21/2014

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 is a represented [redacted] employee who has filed a claim for neck pain, postconsussive syndrome, posttraumatic headaches, chronic low back pain, and alleged sleep disturbance reportedly associated with an industrial injury of June 21, 2013.In a Utilization Review Report dated October 22, 2014, the claims administrator partially approved a request for eight sessions of physical therapy for the neck as two sessions of physical therapy for the same. The claims administrator stated that the applicant completed 10 recent sessions of physical therapy in 2014. A variety of MTUS and non-MTUS Guidelines were invoked, including non-MTUS Chapter 6 ACOEM Guidelines and non-MTUS ODG Guidelines. The MTUS Postsurgical Treatment Guidelines were also cited, despite the fact that the applicant had not seemingly undergone surgery. The applicant was off of work and had epidural steroid therapy, physical therapy, and manipulative therapy at various points in time. The claims administrator referenced an October 8, 2014 progress note in its denial.The applicant's attorney subsequently appealed.In an April 20, 2014 work status report, the applicant was placed off of work, on total temporary disability through June 2014. In a June 4, 2014 progress note, the applicant was again placed off of work, on total temporary disability through July 30, 2014. The applicant presented on that day reporting headaches, neck pain, shoulder pain, sleep disturbance, and hypertension.On July 2014 the applicant was given refills of Norco, Naprosyn, Protonix, and Neurontin. Cervical epidural steroid injection therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the neck, 2x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 114 and on the Non-MTUS Official Disability Guidelines (ODG), Physical therapy guidelines

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: The applicant has already had prior treatment (10 sessions, per the claims administrator) in 2014 alone seemingly compatible with the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. The applicant has, however, failed to demonstrate a favorable outcome. The applicant remains off of work, on total temporary disability. The applicant remains dependent on various forms of medical treatment, including epidural steroid injection therapy and opioid therapy with Norco. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy already in-line with MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.