MAXIMUS Federal Services

Case Number:	CM14-0200904		
Date Assigned:	12/11/2014	Date of Injury:	04/05/2011
Decision Date:	01/28/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 chronic neck, low back, and hip pain reportedly associated with an industrial injury of April 5, 2011.In a Utilization Review Report dated November 6, 2014, the claims administrator failed to approve a request for 12 sessions of physical therapy. Non-MTUS ODG Low Back Chapter Guidelines were invoked, despite the fact that the MTUS addressed the topic. The claims administrator also referenced progress notes and RFA forms of October 15, 2014, October 16, 2014, and October 30, 2014 in its denial.The applicant's attorney subsequently appealed.In an April 16, 2014 progress note, the applicant was described as having "medically retired" owing to multifocal complaints of neck pain, headaches, low back pain, and hip pain, at age 55. Electrodiagnostic testing, MRI imaging of the neck, and MRI imaging of the bilateral shoulders were sought. Motrin was prescribed.The claims administrator's medical evidence log, it is incidentally noted, did not include the October 16, 2014 progress note and/or RFA form which the claims administrator employed in its denial.Electrodiagnostic testing of May 1, 2014 was notable for chronic distal polyneuropathic changes.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 988. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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 12-session course of treatment proposed, in and of itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 8 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting 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 is off of work. The applicant remains dependent on analgesic medications such as ibuprofen. Permanent work restrictions remain in place, seemingly unchanged from visit to visit. The applicant has been deemed "medically retired," it was suggested on April 15, 2014. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier unspecified amounts of physical therapy over the course of the claim. While it is acknowledged that the October 15, 2014 progress note and October 30, 2014 RFA form on which the article in question was sought was not incorporated into the Independent Medical Review packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.