

Case Number:	CM14-0207961		
Date Assigned:	12/15/2014	Date of Injury:	04/02/2014
Decision Date:	02/17/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/12/2014

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:

This is a 76-year-old male with a 4/2/14 date of injury, when he experienced exacerbation of pain in the neck and low back after a car accident. The reviewer's note dated 11/14/14 indicated that the patient accomplished 14 PT sessions for the lumbar spine and unknown number of PT sessions for the cervical spine. The patient was seen on 12/19/14 with complaints of low back and neck pain. The progress note indicated that the patient had PT in the past and found it beneficial. Exam findings revealed height 6'1.5", weight 248 pounds, BMI 32.3, BP 128/76 and the pain index 5. The patient has been noted to be on Norco 5/325. The diagnosis is low back pain. Treatment to date: work restrictions, 14 sessions of PT for the lumbar spine, unknown number of PT for the cervical spine, and Norco. An adverse determination was received on 11/14/14 for a lack of functional improvement; a lack of evidence that the patient has failed recent trialed conservative treatment management and there was a lack of rationale why the patient needed additional referral with a different specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy twice a week for eight weeks: 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 Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy (PT).

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, ODG recommends 10 visits over 8 weeks of PT for Lumbar sprains and strains. The reviewer's note dated 11/14/14 indicated that the patient accomplished 14 PT sessions for the lumbar spine and unknown number of PT sessions for the cervical spine. However, there is a lack of documentation indicating objective functional gains from prior PT sessions. In addition, the patient received 14 sessions of PT for the lumbar spine and the Guidelines recommend 10 visits of PT for lumbar sprain. Additionally, the number of PT sessions for the cervical spine was not available for the review. Lastly, there is no rationale indicating the necessity for additional PT treatments given, that the patient already exceeded the Guidelines recommendations. Therefore, the request for Physical therapy twice a week for eight weeks was not medically necessary.

Pain management referral: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Clinical Topics: Chapter 6- Independent Medical Examinations and Consultations, (pp 127, 156); Official Disability Guidelines (ODG) Pain Chapter-Office Visits.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. In addition, ODG states that office visits are recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. However, a recent progress note was not available for review. In addition, there is no rationale indicating why the patient needed pain management referral and clear goals for this referral were not specified. Therefore, the request for Pain management referral was not medically necessary.