

Case Number:	CM15-0007062		
Date Assigned:	02/09/2015	Date of Injury:	09/27/2003
Decision Date:	04/17/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 43-year-old who has filed a claim for chronic shoulder, low back, and knee pain reportedly associated with an industrial injury of December 27, 2003. In a Utilization Review Report dated January 13, 2015, the claims administrator failed to approve requests for eight sessions of physical therapy, a pain management consultation/referral, a urine drug screen, and Norco. The claims administrator referenced a November 12, 2014 progress note in its determination. The claims administrator did apparently issue a partial or conditional approval for four sessions of physical therapy, it was incidentally noted. On November 21, 2014, Norco, Motrin, Ambien, physical therapy, an internal medicine consultation, and an otolaryngology consultation were endorsed. The attending provider posited that the applicant was having issues with worsening dysphagia. 5-8/10 low back, knee, shoulder, and elbow pain were reported. The applicant was apparently working, the treating provider contended. The attending provider stated that the applicant was using Norco and Motrin for pain relief. The attending provider stated that the applicant was working full duty in several sections of the note. The attending provider also stated that the applicant was having issues with dysphagia which he attributed to earlier cervical fusion surgery. Eight sessions of physical therapy were proposed. The applicant was asked to consult a pain management physician, apparently for medication management purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Physical Therapy Sessions for Bilateral Knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: No, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Here, the applicant had already returned to regular duty work. The attending provider did not establish what functional deficits were present on or around November 19, 2014 so as to warrant a lengthy formal course of physical therapy. The MTUS Guideline in ACOEM Chapter 3, page 48, further notes that the value of physical therapy increases with a clear description of treatment goals. Here, clear treatment goals were not stated. The attending provider did not state why a formal course of physical therapy was sought here. Therefore, the request was not medically necessary.

1 Referral for Pain Management Specialist (consult only): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Disorder Medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: Conversely, the request for a pain management consultation/pain management referral was medically necessary, medically appropriate, and indicated here. As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis to determine whether a specialist evaluation is necessary. Here, the applicant had multifocal pain complaints. Medication selection had been an issue, at times, the treating provider acknowledged. Obtaining the added expertise of a pain management physician, thus, can be beneficial here in terms of medication management. Therefore, the request was medically necessary.

1 Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation, ODG Integrated Treatment / Disability Duration Guidelines Pain (Chronic) Urine drug testing (UDT).

Decision rationale: Conversely, the urine toxicology screen was not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter, Urine Drug Testing topic, however, notes that an attending provider should attach an applicant's complete medication list to the request for authorization for testing, should clearly state when an applicant was last tested, should attempt to categorize applicants into higher - or lower-risk categories for which more or less frequent drug testing would be indicated, and should attempt to conform to the best practices of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the attending provider did not state which drug tests and/or drug panels he intended to test for. The attending provider did not attach the applicant's complete medication list to the RFA for testing. The attending provider did not state whether the applicant was a higher - or lower-risk individual for whom more or less frequent would have been indicated. The attending provider did not signal his intention to conform to the best practices of the United States Department of Transportation (DOT) when performing testing, nor did the attending provider signal his intention to eschew confirmatory and/or quantitative testing here. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.

1 Medication: Norco 7.5/325mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Norco, an opioid agent, was medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. The applicant has apparently achieved and/or maintained full-time work status with ongoing Norco consumption, the treating provider had posited. The applicant is deriving appropriate analgesia from the same, the treating provider reported on several occasions, including on the November 2014 progress note at issue. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.