

Case Number:	CM15-0100523		
Date Assigned:	06/03/2015	Date of Injury:	02/27/2014
Decision Date:	08/13/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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, Florida, 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 injured worker is a 53 year old male, who sustained an industrial injury on February 27, 2014. The injured worker reported multiple injuries to the low back, neck, shoulders, and legs while preventing a client from falling. The injured worker was diagnosed as having cervical sprain and strain with multi-level intervertebral disc, lumbar sprain and strain with multi-level intervertebral disc, radiculitis, myofasciitis, exposure to chemicals, lumbar retrolisthesis, cervical spine multi-level degenerative disc disease, and lumbar spine multi-level degenerative disc disease. Treatment and diagnostic studies to date has included magnetic resonance imaging of the cervical spine, medication regimen, magnetic resonance imaging of the lumbar spine, laboratory studies, shock wave therapy, and home exercise program. In a progress note dated March 17, 2015 the treating physician reports complaints of constant, severe, radiating pain to the neck and constant, sharp, numbing, sore, tight pain to the low back. The treating physician also noted associated symptoms of tension, nervousness, poor concentration, headaches, sleeplessness, fatigue, irritability, and anxiety. Examination reveals tenderness to the lumbar muscles and the cervical muscles, and decreased range of motion to the lumbar spine and the cervical spine. The injured worker's pain level was rated a 7 on a scale of 1 to 10. The documentation provided did not indicate any prior physical therapy sessions. The treating physician requested physical therapy with aqua therapy two (2) times a week over six (6) weeks to lower back and functional improvement measures using National Institute for Occupational Safety and Health (NIOSH) and testing, but the documentation provided did not indicate the specific reasons for the requested therapy and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy/aqua therapy two (2) times a week over six (6) weeks to lower back:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99 and 133.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98.

Decision rationale: This claimant was injured in 2014 with cervical sprain and strain with multi-level intervertebral disc, lumbar sprain and strain with multi-level intervertebral disc, radiculitis, myofasciitis, exposure to chemicals, lumbar retrolisthesis, cervical spine multi-level degenerative disc disease, and lumbar spine multi-level degenerative disc disease. As of March 2015 the patient continued with constant, severe, radiating pain to the neck and constant, sharp, numbing, sore, tight pain to the low back. The injured worker's pain level was rated a 7 on a scale of 1 to 10. The documentation provided did not indicate any prior physical therapy sessions. The documentation provided did not indicate the specific reasons for the requested therapy and testing. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: "Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient." Over-treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self-actualization. This request for more skilled, monitored therapy was appropriately not medically necessary.

Functional improvement measures using NIOSH and testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99, 133.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: This claimant was injured in 2014 with cervical sprain and strain with multi-level intervertebral disc, lumbar sprain and strain with multi-level intervertebral disc, radiculitis, myofasciitis, exposure to chemicals, lumbar retrolisthesis, cervical spine multi-level degenerative disc disease, and lumbar spine multi-level degenerative disc disease. As of March 2015 the patient continued with constant, severe, radiating pain to the neck and constant, sharp, numbing, sore, tight pain to the low back. The injured worker's pain level was rated a 7 on a scale of 1 to 10. The documentation provided did not indicate any prior physical therapy sessions. The documentation provided did not indicate the specific reasons for the requested therapy and testing. Objective tests such as NIOSH testing should not replace physical examination and clinical judgment. The guides are silent on NIOSH testing, but do speak to FCE. Chronic Pain Medical Treatment guidelines, page 48 note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine return to work capacity. There is no evidence that this is the plan in this case. The MTUS also notes that such studies can be done to further assess current work capability. But, there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. Little is known about the reliability and validity of these tests and more research is needed. The ODG notes that several criteria be met. I did in this case find prior unsuccessful return to work attempts, or the case's relation to being near a Maximal Medical Improvement declaration. Initial or baseline FCEs are not mentioned, as the guides only speak of them as being appropriate at the end of care. The case did not meet this timing criterion. For these reasons, this request was appropriately not medically necessary.