

Case Number:	CM15-0106714		
Date Assigned:	06/11/2015	Date of Injury:	04/14/2015
Decision Date:	07/16/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/03/2015

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 42-year-old who has filed a claim for neck pain with derivative complaints of psychological stress, tinnitus, depression, and anxiety reportedly associated with an industrial injury of April 14, 2015. On May 18, 2015, the claims administrator failed to approve requests for an interferential unit and twelve sessions of physical therapy. The claims administrator did, however, partially approved 10 sessions of physical therapy. Despite the fact that this was not seemingly a chronic pain case as of the date of the request, the MTUS Chronic Pain Medical Treatment Guidelines were nevertheless invoked. In a RFA form dated May 3, 2015, twelve sessions of physical therapy, interferential unit, and neurologic consultation were endorsed owing to complaints of neck pain, headaches, depression, anxiety, and alleged posttraumatic stress disorder. In an associated Doctor's First Report (DFR) dated May 3, 2015, the applicant reported complaints of neck pain reportedly attributed to the industrial contusion injury. Posttraumatic headaches, depression, and sleep disturbance were reported. A CT scan of the head was endorsed. The applicant had already attended three sessions of physical therapy, it was acknowledged, and seemingly had further therapy scheduled. A psychiatry consultation, twelve sessions of physical therapy, and an interferential unit were endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174.

Decision rationale: No, the request for an interferential unit was not medically necessary, medically appropriate, or indicated here. The primary pain generator here was the neck. However, the MTUS Guideline in ACOEM Chapter 8, page 173 notes that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as transcutaneous electrical neurostimulation of which the proposed interferential stimulator device was a variant. The MTUS Guideline in ACOEM Chapter 8, page 174 further notes that such palliative tools may be used on a trial basis but should be monitored closely. Here, thus, the attending provider's request to purchase the interferential stimulator device on the first office visit with the applicant without having the applicant undergo a trial of the same ran counter to ACOEM principles and parameters. Therefore, the request is not medically necessary.

Physical therapy to cervical spine; 3 times per week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the cervical spine was likewise not medically necessary, medically appropriate, or indicated here. The 12-session course of physical therapy at issue, in and of itself, represents treatment in excess of the one to two physical therapy visits as suggested in the MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 for education, counseling, and evaluation of home exercise transition purposes. The attending provider failed to furnish a compelling rationale for such a lengthy, protracted course of therapy. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that an attending provider should furnish a prescription for physical therapy which "clearly states treatment goals." Here, however, clear treatment goals were not furnished. The applicant had apparently had physical therapy through the date of the request, it was suggested on the DFR dated May 3, 2015. The applicant had failed to respond favorably to the same. The applicant was off of work, on total temporary disability. A neurology consultation was sought on that date, owing to the applicant's reported failure to respond favorably to conservative measures. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of earlier physical therapy through the date of the request, May 3, 2015. Moving forward with the lengthy, protracted 12-session course of physical therapy at issue, thus, was not indicated as of the date of the request. Therefore, the request was not medically necessary.