MAXIMUS Federal Services

Case Number:	CM15-0109132		
Date Assigned:	07/20/2015	Date of Injury:	10/31/1996
Decision Date:	08/18/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/05/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 66 year old female, who sustained an industrial injury on October 31, 1996. The injured worker was diagnosed as having chronic pain syndrome, lumbago, myalgia, myositis, thoracic or lumbosacral neuritis or radiculitis and lumbar post-laminectomy syndrome. Treatment to date has included ice/heat, surgery, physical therapy, acupuncture and medication. A progress note dated March 3, 2015 provides the injured worker complains of headaches, neck pain, arm and hand pain, back pain, hip pain and leg pain with weakness and numbness. She rates her current pain 8/10 and 6/10 at best with 10/10 at the worst. She has been titrating medication and is no longer using Norco, Amrix, Zanaflex or Celebrex. She reports the pain is worsening resulting in increased difficulty walking, difficulty sleeping and increased depression, anxiety, stress, anger and irritation. Physical exam notes an antalgic gait and the use of a walker, there is cervical, thoracic and lumbar tenderness on palpation with decreased range of motion (ROM). The upper and lower extremities have decreased strength. The plan includes magnetic resonance imaging (MRI), oral and topical medication, detox program, CPAP machine and trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 99.

Decision rationale: With regard to the request for additional physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. In the case of injured worker, the date of injury is remote and the patient has undergone at least 18 session of PT which were certified in January 2015. At this juncture, the patient should be appropriately transitioned to a home exercise program per guidelines. There is no documentation of any extenuating circumstance of why the patient would require additional formal PT at this juncture without an attempt at self-directed home exercises. There is no documentation of functional deficits that would require continued formal PT. Therefore additional physical therapy as originally requested is not medically necessary.

1 CPAP machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AIM Specialty Health. Management of obstructive sleep apnea using auto-titrating positive airway pressure (APAP) and continuous positive airway pressure (CPAP) devices.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate Online, CPAP, Obstructive Sleep Apnea Topics.

Decision rationale: The request for CPAP is not directly addressed by the CA MTUS. Therefore, alternative guidelines are cited from Uptodate Online, an evidenced-based online database. The topics of obstructive sleep apnea and CPAP specify that "In-laboratory polysomnography is the first-line diagnostic study when OSA is suspected. However, home sleep apnea testing (HSAT) may be an acceptable alternative for patients who are strongly suspected of having OSA and who do not have medical comorbidities (eg, heart failure) that increase the risk for additional or alternative sleep related breathing disorders." In the case of this worker, there is no home or in-lab polysomnography to establish the diagnosis of obstructive sleep apnea. Therefore, this request is not medically necessary.