MAXIMUS Federal Services

Case Number:	CM15-0162040		
Date Assigned:	08/28/2015	Date of Injury:	05/01/2013
Decision Date:	10/05/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	08/18/2015

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 58-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of May 1, 2013. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve requests for 10 sessions of physical therapy and a pain management referral. The claims administrator contented that the applicant had had at least 15 prior sessions of physical therapy, without profit. The claims administrator referenced an RFA form received on July 13, 2015 in its determination. Non-MTUS Chapter 6 ACOEM Guidelines were referenced in the determination and were, furthermore, mislabeled as originating from the MTUS. Non-MTUS Chapter 7 ACOEM Guidelines were also referenced in the decision to deny the pain management referral and were likewise mislabeled as originating from the MTUS. A July 2, 2015 progress note was referenced in the determination. The name of the physician utilization reviewer was not; it was further noted, seemingly made available on the version of the UR report attached to the application. The applicant's attorney subsequently appealed. On July 2, 2015, the applicant reported ongoing complaints of neck pain status post earlier cervical fusion surgery on October 20, 2014. The applicant also reported complaints of back pain. The attending provider contented that the applicant's back pain complaints were predominant and the applicant's neck pain was feeling okay now. X-rays of the lumbar spine, physical therapy for the low back, and a pain management referral were endorsed. The applicant's work status was not furnished, although it did not appear that the applicant was working with limitations in place. The attending provider contented that the applicant had not received any physical therapy for the low back and that the

request represented a first-time request for physical therapy for the low back. The attending provider seemingly suggested that the bulk of the applicant's treatment to date had revolved around the primary body part at issue, the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial physical therapy, 2 times a week for 5 weeks, lumbar/cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain Suffering & Restoration of Function Chapter, page 114, Official Disability Guidelines.

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

Decision rationale: Yes, the request for 10 sessions of physical therapy was medically necessary, medically appropriate, and indicated here. The 10-session course of physical therapy at issue is in-line with the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts the diagnosis reportedly present here. The attending provider's July 2, 2015 progress note contented that the applicant had not received any prior physical therapy for the low back and that all of the applicant's previous treatment had revolved around the primary body part in question, the cervical spine. Moving forward with the first-time request for physical therapy involving the lumbar spine, thus, was indicated. Therefore, the request was medically necessary.

Pain management consultation and treatment with DR for cervical spine: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 127, Official Disability Guidelines.

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

Decision rationale: Similarly, the request for pain management consultation and treatment (AKA 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 and determine whether a specialist evaluation is necessary. Here, the applicant's primary treating provider seemingly contented on July 2, 2015 that the applicant had residual complaints of neck pain status post earlier cervical fusion surgery. The attending provider stated that the applicant wished to obtain the added expertise of another practitioner. This was indicated, given the incomplete resolution of symptoms with earlier operative and non-operative treatments. Therefore, the request was medically necessary.