

Case Number:	CM15-0165730		
Date Assigned:	09/03/2015	Date of Injury:	02/19/1999
Decision Date:	10/09/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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 70-year-old who has filed a claim for chronic neck and arm pain with derivative complaints of fibromyalgia, anxiety, and migraine headaches reportedly associated with an industrial injury of February 19, 1999. In a Utilization Review report dated August 4, 2015, the claims administrator failed to approve a request for 8 sessions of physical therapy. The claims administrator, somewhat incongruously, referenced sections of the MTUS Chronic Pain Medical Treatment Guidelines pertaining to a functional restoration program. A July 23, 2015 progress note was also cited. The applicant's attorney subsequently appealed. On said July 23, 2015 progress note, the applicant reported ongoing issues with chronic pain syndrome, fibromyalgia, headaches, neck pain, back pain, arm pain, and leg pain with intermittent lower extremity paresthesias. The applicant was no longer working, it was acknowledged. The applicant's medication list included Synthroid, Keppra, Prevacid, glipizide, prednisone, Topamax, Cymbalta, Rozerem, Xanax, Crestor, Centrum, vitamins, Tylenol, Lasix, Lidoderm patches, Soma, Xalatan solution, and various dietary supplements. Topamax, Imitrex, and Keppra were renewed. Additional physical therapy was sought. A king size mattress was proposed. The applicant was asked to follow up with her psychiatrist for ongoing issues with anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 weeks upper & lower back/ bilateral leg/ bilateral shoulder/ neck:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009,
Section(s): Physical Medicine, Introduction.

Decision rationale: No, the request for 8 sessions of physical therapy for the upper back, lower back, legs, shoulder, and neck was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of physical therapy for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was not working; it was reported on July 23, 2015. The applicant remained dependent on various forms of medical treatment to include Botox injections, Tylenol, Topamax, Cymbalta, prednisone, Lidoderm patches, Soma, etc., it was reported on that date. It did not appear that the applicant had profited in terms of the functional improvement parameters established in MTUS 9792.20e, following receipt of earlier unspecified amounts of physical therapy over the course of the claim. It did not appear likely that the applicant would stand to gain from further physical therapy, going forward. Therefore, the request was not medically necessary.