

<b>Case Number:</b>	CM15-0168635		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Emergency 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 32 year old female who sustained a work related injury January 10, 2013. Diagnoses are knee sprain; lumbar disc herniation; lumbar neuritis; lumbar sprain; anxiety and depression. A pharmacological consultation progress report, dated June 9, 2015, finds the injured worker with said pain, rated 6 out of 10, that is brought on with bending, lifting, twisting, prolonged sitting, getting out of cars and up from chairs, sneezing, straining with stool, walking, lying flat and coughing. She was recently seen in an emergency room for chest pain, found to be not cardiac in nature, and was provided a prescription for hydrocodone. Treatment plan included to continue with Norco and discontinue Naprosyn due to a rash. According to a primary treating physician's progress report, dated July 30, 2015, the injured worker presented with complaints of moderate pain in the right knee region, increased with prolonged walking, frequent moderate pain in the lumbar region with radiation into the right lower extremity, continued slight anxiety and depression, episodic insomnia, and frequent more than slight to moderate pain within the stomach region. Objective findings included; positive bilateral Yeoman's, positive bilateral Kemp's; positive right straight leg raise; positive right Braggard's; positive Varus and Valgus stress test right knee; negative Hoovers and Skin Pinch test for symptoms magnification; limited range of motion; altered gait. At issue, is the request for authorization, dated July 30, 2015, for referral for a medical doctor for 2 pharmacological management visits, physical therapy x 12 visits, and referral, to an internal medicine specialist for a GI (gastrointestinal) evaluation. According to utilization review performed, August 5, 2015, the request for referral for a medical doctor for 2 pharmacological management visits has been modified to a certification of 1 pharmacological management visit between 7-30-2015 and 9-17-2015. The request for 12 physical therapy visits is modified to 8 physical therapy visits between 7-30-2015 and 9-17-2015.

The request for a referral to an internal medicine specialist for a GI (gastrointestinal) evaluation is non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Referral for a medical doctor for 2 pharmacological management visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back-Lumbar & Thoracic (Acute & chronic): Office visits (2015).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Requesting provider is a chiropractor. A follow up for management of medications is clinically indicated. Due to new initiation of opioid therapy, 2 follow ups are appropriate. Follow up with medical doctor for medication management is appropriate.

**Physical therapy x12 visits:** 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.

**Decision rationale:** As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number is 12 from 2 years prior) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions. Maximum number of sessions recommended by guidelines is 10, which is exceeded by this request alone. Additional 12 physical therapy sessions are not medically necessary.

**Referral to an internal medicine specialist for a GI evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Prevention, Initial Approaches to Treatment.

**Decision rationale:** As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no justification for this request. Patient has medication related stomach problems. Medical doctor discontinued patient's naproxen and Prilosec and is already managing patient's complaints. There is no separate need for another evaluation for stomach complaints.