

Case Number:	CM15-0181405		
Date Assigned:	09/22/2015	Date of Injury:	12/13/2011
Decision Date:	11/18/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/15/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 45 year old male who sustained an industrial injury on 12-13-2011. Current diagnoses include multilevel disc herniations of the cervical spine with moderate to severe neural foraminal narrowing, facet arthropathy of the cervical spine, lumbar disc extrusion at L5-S1 with right sided neural foraminal narrowing, lumbar radiculopathy, multilevel disc herniations of the thoracic spine with stenosis, and chronic thoracic spine pain. Report dated 07-24-2015 noted that the injured worker presented with complaints that included neck, back, and right lower extremity pain. The injured worker stated that the right lower extremity and back pain have increased since the last visit. Pain level was noted to range from 5 to 7 on a scale of 0 to 10. Physical examination performed on 07-24-2015 revealed an antalgic gait, tenderness to palpation in the cervical and lumbar spine, decreased range of motion in the cervical and lumbar spine, and positive straight leg raise on the right. Previous treatments included medications, 24 physical therapy (PT), acupuncture, chiropractic and home exercise program. The treatment plan included requests for physical therapy, acupuncture, trial gym membership, general orthopedic consult for the right foot and follow up in 6 weeks. The medications listed are Norco, Flexeril, Relafen and ketoprofen cream. The utilization review dated 09-24-2015, non-certified the request for physical therapy for the cervical spine, twice a week, acupuncture for the cervical spine, twice a week for four weeks, gym membership trial, 6 months, and follow up in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the cervical spine, twice a week: 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): Exercise, Functional improvement measures, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Physical Therapy.

Decision rationale: The CA MTUS and the ODG guidelines recommend that physical treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of physical treatments can result in pain relief, reduction in medication utilization, improved range of motion and functional restoration. The guidelines recommend that patients proceed to a home exercise program after completion of supervised physical therapy (PT) program. The records indicate that the patient had already completed the maximum number of guidelines recommended PT treatments. There is no documentation of re-injury or recent exacerbation of the musculoskeletal pain. The criteria for physical therapy (PT) for the cervical spine twice a week was not met. The request is not medically necessary.

Acupuncture for the cervical spine, twice a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Acupuncture.

Decision rationale: The CA MTUS-Acupuncture guidelines and the ODG guidelines recommend that acupuncture treatments can be utilized for the treatment of exacerbation of musculoskeletal pain. The use of acupuncture treatments can result in pain relief, reduction in medication utilization, improved range of motion and functional restoration. The guidelines recommend that patients proceed to a home exercise program after completion of active treatment program. The records indicate that the patient had already completed the maximum number of guidelines recommended acupuncture treatments. There is no documentation of re-injury causing exacerbation of the musculoskeletal pain. The criteria for acupuncture for the cervical spine, twice a week for the four weeks a week was not met. The request is not medically necessary.

Gym membership trial, 6 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Gym Membership.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Exercise. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Exercise.

Decision rationale: The CA MTUS and the ODG guidelines recommend that patient proceed to a home exercise program after completion of supervised physical therapy program. The guidelines noted that the therapeutic advantage with utilization of non medically supervised gym exercise programs cannot be objectively evaluated or documented. The records indicate that the patient had previously completed supervised PT, chiropractic treatments and home exercise program. The criteria for Gym membership trial for 6 months was not met. The request is not medically necessary.

Follow Up in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Follow-up Visits, and Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Neck and Upper Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that chronic pain patients be evaluated at regular intervals to assess the efficacy of pain medication treatments, evaluate for adverse medication effects, functional restoration and document indication for continuation of the medications treatments. The records indicate that the patient is on chronic opioid medications treatments. The guidelines require documentation of compliance monitoring including UDS, absence of aberrant behavior, CURES data reports and functional restoration. The criteria for Follow Up Clinic visit in 6 weeks was met. The request is medically necessary.