MAXIMUS Federal Services

Case Number:	CM15-0183525		
Date Assigned:	09/21/2015	Date of Injury:	10/16/2014
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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 43-year-old who has filed a claim for chronic pain syndrome, anxiety, and depression reportedly associated with an industrial injury of October 16, 2014. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for four sessions of physical therapy, Norco and Thermacare heat wraps. A partial approval of Norco was, however, issued, seemingly for tapering purposes. The claims administrator referenced an August 10, 2015 RFA form and an associated progress note of August 5, 2015 in its determination. The applicant's attorney subsequently appealed. On August 19, 2015, the applicant reported ongoing complaints of neck and low back pain. The applicant’s medication list included Tenormin, Effexor, Imitrex, Zanaflex, Norco, Thermacare heat wraps, Ambien, Naprosyn, and Tramadol. The applicant had comorbidities to include depression, it was acknowledged. The attending provider appealed a previously denied epidural steroid injection, additional physical therapy, trigger point injections, and a TENS Unit trial. The attending provider stated in one section that the claimant had failed physical therapy and epidural steroid injection therapy was therefore sought. The applicant was asked to perform medication. The applicant was described as being on "temporary disability," it was reported on the August 19, 2015 office visit at issue. No seeming discussion of medication efficacy transpired insofar as Norco and/or other medications were concerned. On August 5, 2015, the attending provider again reported that the applicant was on total temporary disability. The attending provider stated that the applicant had ongoing shooting pain about the left arm, suggestive or evocative of an active cervical radiculitis process. Epidural steroid injection therapy was sought to ameliorate the same. The attending provider reiterated that the applicant had failed physical therapy. The applicant's medication list included Tenormin, Effexor, Imitrex, Zanaflex, Ambien, Naprosyn, Norco, and Tramadol. A

cervical epidural steroid injection, four additional sessions of physical therapy, trigger point injections with ultrasound guidance, a TENS unit trial, Norco and Thermacare heat wraps were seemingly endorsed while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lower neck, four sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

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

Decision rationale: No, the request for four sessions of physical therapy were 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 eight to ten sessions of treatment for radiculitis, i.e., the diagnosis 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 remained off of work, on total temporary disability, it was reported on office visits of August 5, 2015 and August 19, 2015. Earlier physical therapy failed to curtain the applicant's dependence on opioid agents such as Norco and Tramadol, it was reported. The attending provider reported both on August 19, 2015 and August 5, 2015 that the applicant had, in fact, failed physical therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.

Norco 10/325 mg, sixty count: 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): Opioids, criteria for use.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off-of work, on total temporary disability, it was reported on August 5, 2015 and on August 19, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Thermacare heat wrap, sixty count with two refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care.

Decision rationale: Finally, the request for Thermacare heat wraps was medically necessary, medically appropriate, and indicated here. The applicant's primary pain generator was the neck. The Thermacare heat wraps at issue represent a simple, low-tech, inexpensive, over-the-counter means of administering heat therapy. The MTUS Guideline in ACOEM Chapter 8, Table 8-5, page 174 does recommend at-home local application of heat as a method of symptom control for applicants with ongoing complaints of neck and upper back pain, as were/are present here. Provision of the Thermacare heat wraps at issue was, thus, indicated to ameliorate the applicant's ongoing complaints of neck pain, given (a) the favorable ACOEM position on the same and/or (b) the inexpensive, low-tech, over-the-counter nature of the request. Therefore, the request was medically necessary.