

Case Number:	CM15-0190059		
Date Assigned:	10/06/2015	Date of Injury:	03/19/2014
Decision Date:	11/18/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 38 year old male, who sustained an industrial injury on 3-19-14. The injured worker is being treated for lumbar (HNP) herniated nucleus pulposus, lumbar facet arthropathy and mechanical low back pain. (MRI) magnetic resonance imaging of lumbar spine performed on 5-9-14 revealed mild degenerative disc changes with shallow non-compressive disc bulging at L5-S1 and L4-L5 and multilevel mild bilateral facet arthrosis. Treatment to date has included lumbar facet injections L4-5 and L5-S1 (with relief of 70% for 1-2 weeks), 18 sessions of physical therapy (provided good relief), 8 sessions of acupuncture (decreased pain and increased relaxation), Ketoprofen cream, LidoPro Cream, Flector patches and oral medications including Naproxen 550mg, Gabapentin 600mg, Senna S, Cymbalta 30mg and Ultracet 37.5-325mg; home exercise program and activity modifications. On 8-20-15, the injured worker complains of worsening low back pain, rated 3 out of 10 with radiation to right buttocks. He notes difficulty with daily tasks and pain increased through the day with increased activity but rest is beneficial. Work status is full time with modified duties. Physical exam performed on 8-20-15 revealed slightly restricted lumbar range of motion with no tenderness on palpation of lumbar spine or lumbar paraspinals. The treatment plan included follow up in 6 weeks, ongoing pain management and physical therapy 8 times a week for lumbar spine. On 8-31-15 request for follow up in 6 weeks, ongoing pain management and physical therapy 8 times a week for lumbar spine was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x4 for the lumbar spine: 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: The records indicate the patient has ongoing mild low back pain. The current request is for physical therapy 2 x 4 of the lumbar spine. In the progress report dated 7/9/15, the attending physician states that the patient has completed 18 sessions of physical therapy with good relief, and so he has requested additional physical therapy at two times per week for four weeks. The MTUS does recommend physical therapy at a decreasing frequency with a transition into independent home-based exercise. The physical medicine guidelines recommend for Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. In this case, the patient has chronic, mild low back pain which appears to be stable. There is nothing in the records that would indicate the patient had a flare-up of his chronic condition. The records indicate the patient has completed 18 sessions of physical therapy and should be quite capable of transitioning into a fully independent home-based exercise program which is the gold standard. The current request exceeds guideline recommendations and the request offers no reasonable justification for exceeding guideline recommendations. As such, the current request is not medically necessary.

Follow-up in 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Follow-up Visits.

Decision rationale: The records indicate the patient has ongoing mild low back pain. The current request is for a follow up in 6 weeks. The ACOEM and MTUS guidelines allow for follow up appointments to establish a treatment plan and document pain and function. In this case, the patient has ongoing pain and the guidelines allow for follow-up appointments. The current request is medically necessary.

Pain management consult: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, 2004 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Independent medical evaluations and consultations.

Decision rationale: The records indicate the patient has ongoing mild low back pain. The current request is for pain management consultation. The attending physician states in his 7/9/15 report, page (26B), that he is requesting ongoing pain management treatment with [REDACTED] for medication management and further injection management. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 state, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. An independent medical assessment also may be useful in avoiding potential conflict(s) of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification." In this case, the attending physician has requested that [REDACTED] provide ongoing pain medication management and injection management for the patient's chronic pain. There is no reason why this patient should not be afforded a specialty consultation to address his persistent and chronic condition when necessary. As such, the request for pain management consultation is medically necessary.