

Case Number:	CM15-0191834		
Date Assigned:	10/08/2015	Date of Injury:	04/24/2015
Decision Date:	12/11/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/29/2015

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, Arizona

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:

This 30 year old male sustained an industrial injury on 4-24-2015. Diagnoses include lumbar spine muscle strain. Treatment has included oral medications and 5 out of 6 physical therapy sessions have been utilized. Physician notes on a PR-2 dated 5-19-2015 show complaints of low back pain rated 4 out of 10. The worker states no relief from Naproxen and Flexeril. The physical examination shows spine flexion with fingertips to mid lower legs, pain with lateral bending, rotation, and extension. Mild tenderness and spasms are noted over the right paravertebral muscles and sacroiliac joints. Straight leg raise is negative bilaterally in a sitting position, normal strength, reflexes, and sensation are noted. Recommendations include stop Naproxen and Flexeril, modified work duty and home activities, continue physical therapy, and additional physical therapy. Utilization Review denied requests for physical therapy and laboratory testing on 9-18-2015. On 09/23/2015 the injured worker was seen by [REDACTED], and physical exam is significant for positive straight leg raise. It should be noted epidural steroids in recent past relieved radicular but not the axial elements of chronic pain. Diagnoses on this visit included axial back pain, neuropathic radiculopathy, and objective evidence for possible facet injury and SI joint dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy - low back, 2 times weekly for 5 weeks: 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 California MTUS recommends 8-10 sessions of physical therapy for various myalgias or neuralgias. Guidelines recommend fading of treatment frequency with ultimate transition to a home exercise program. ODG Guidelines recommend six visit clinical trials of physical therapy, and close monitoring of tolerance and progress to determine if the individuals are making positive gains, no gains, or negative response to therapy. Within the submitted records, there is mention of previous PT but no mention of significant improvements in pain scores using validated measures. There is no mention of improved function, and/or improved ability to perform activities of daily living. Also, the request as submitted exceeds guideline recommendations for PT. There is no mention of why the injured worker cannot continue to progress using a self-directed home exercise program. As such, this request is not medically necessary.

Lab test: HgA1C: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. The request for HgbA1c is not indicated. There is no subjective complaints of polyuria, polydipsia, or polyphagia. No past medical history of diabetes. This request is not medically necessary.

Lab test: testosterone free: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary.

Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. There is no clear rationale/reason for the requested lab, given past medical history and subjective complaints/objective findings. The request is not medically necessary.

Lab test: total AM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: According to the CA MTUS Chronic Pain Guidelines, routine suggested monitoring for G.I. labs, hypertensive profiles, diabetes monitoring, is not medically necessary. Medical practice standard of care makes it reasonable to require documentation of a clearly stated rationale identifying why laboratory tests are needed to support the medical necessity of laboratory tests. There is no clear rationale/reason for the requested lab, given past medical history and subjective complaints/objective findings. The request is not medically necessary.