

Case Number:	CM15-0193570		
Date Assigned:	10/07/2015	Date of Injury:	09/09/2011
Decision Date:	11/16/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 49 year old female who sustained a work-related injury on 9-9-11. Medical record documentation on 8-27-15 revealed the injured worker was being treated for cervical spine sprain-strain and lumbar spine sprain-strain. She reported constant activity-dependent cervical spine and constant lumbar spine which she rated a 5 on a 10-point scale. She had tenderness to palpation of the cervical spine and the lumbar spine paraspinals. A physical therapy follow-up reported dated 8-17-15 revealed the injured worker reported cervical spine and lumbar spine pain which she rated 4 on a 10-point scale. She had shooting pain from the neck to the bilateral shoulder blades and from the lumbar spine to the buttocks. Her cervical spine active range of motion was within functional limits. Her lumbar spine active range of motion was flexion to 22 degrees, extension to 14 degrees and bilateral lateral flexion to 16 degrees. The recommendation was for a continuation of physical therapy with a focus on accommodating to McKenzie cervical extension for a period of five minutes. On 9-2-15, the Utilization Review physician determined follow-up office visit in 4-6 weeks, topical unspecified times two and physical therapy continued for home exercise program, unspecified frequency and duration in treatment of the cervical and lumbar spine was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy continued for home exercise program; unspecified frequency and duration in treatment of the cervical and lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a food server with date of injury in September 2011 and is being treated for neck and back pain. In March 2015, she had returned to work after recent hernia surgery. A continued home exercise program was recommended. She was seen for a secondary physician initial evaluation in June 2015. Prior treatments had included physical therapy. There was cervical and lumbar tenderness with decreased range of motion. Continued physical therapy and chiropractic care were recommended and medications including Voltaren, Prilosec, and transdermal analgesics were prescribed. In July 2015, she was improving with physical therapy and a continued home exercise program was recommended. On 08/17/15, she had completed an unknown number of physical therapy treatments and additional physical therapy was recommended. When seen on 08/27/15, she was having constant activity related neck and low back pain rated at 5/10. There was cervical and lumbar tenderness with a cautious gait. There was normal upper extremity and lower extremity strength. Recommendations included continued physical therapy and medications were refilled. Follow-up was planned in 4-6-weeks. The claimant is being treated for chronic pain with no new injury and has already had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected and would not require continued skilled physical therapy oversight. A home exercise program could be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is not specified and cannot be accepted as being medically necessary. Performance of a home exercise program is documented as of March 2015. The request is not medically necessary for this reason as well.

Topical unspecified times two: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Medications for chronic pain.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a food server with date of injury in September 2011 and is being treated for neck and back pain. In March 2015 she had returned to work after recent hernia surgery. A continued home exercise program was recommended. She was seen for a secondary physician initial evaluation in June 2015. Prior treatments had included physical therapy. There was cervical and lumbar tenderness with decreased range of motion. Continued physical therapy and chiropractic care were

recommended and medications including Voltaren, Prilosec, and transdermal analgesics were prescribed. In July 2015, she was improving with physical therapy and a continued home exercise program was recommended. On 08/17/15, she had completed an unknown number of physical therapy treatments and additional physical therapy was recommended. When seen on 08/27/15, she was having constant activity related neck and low back pain rated at 5/10. There was cervical and lumbar tenderness with a cautious gait. There was normal upper extremity and lower extremity strength. Recommendations included continued physical therapy and medications were refilled. Follow-up was planned in 4-6-weeks. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the actual medications being prescribed are not specified and therefore, as this request was submitted, is not considered medically necessary.

Follow up office visit in 4-6 weeks quantity: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

Decision rationale: The claimant sustained a cumulative trauma work injury while working as a food server with date of injury in September 2011 and is being treated for neck and back pain. In March 2015, she had returned to work after recent hernia surgery. A continued home exercise program was recommended. She was seen for a secondary physician initial evaluation in June 2015. Prior treatments had included physical therapy. There was cervical and lumbar tenderness with decreased range of motion. Continued physical therapy and chiropractic care were recommended and medications including Voltaren, Prilosec, and transdermal analgesics were prescribed. In July 2015, she was improving with physical therapy and a continued home exercise program was recommended. On 08/17/15, she had completed an unknown number of physical therapy treatments and additional physical therapy was recommended. When seen on 08/27/15, she was having constant activity related neck and low back pain rated at 5/10. There was cervical and lumbar tenderness with a cautious gait. There was normal upper extremity and lower extremity strength. Recommendations included continued physical therapy and medications were refilled. Follow-up was planned in 4-6-weeks. Office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In this case, the claimant is receiving medications from the requesting provider. Follow-up for monitoring for response to treatment and for adverse side effects is medically necessary.