

Case Number:	CM15-0197661		
Date Assigned:	10/13/2015	Date of Injury:	11/27/1996
Decision Date:	11/19/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 58 year old, female who sustained a work related injury on 11-27-96. A review of the medical records shows she is being treated for low back, hips, wrists and left leg pain. Treatments have included physical therapy-some relief, TENS unit therapy-no relief, pool therapy-some relief, biofeedback-no relief, pain management-good relief, nerve blocks-good relief, spinal cord stimulator-good relief, intrathecal pain medication pump and spinal cord stimulation-good relief. Current medications include Lidoderm patches, Baclofen, Dilaudid and Gabapentin. In the Pain Management progress notes dated 7-7-15, the injured worker reports pain in her low back, hips, wrists and left leg. She describes the pain as constant, aching, burning, electric shock, knife-like, sharp, shooting, stabbing, tightness and tingling. The pain radiates to her buttocks, left hand, left foot, left ankle, left knee and left hip. She rates her pain as 9 out of 10. She reports pain level is 2 out of 10 at rest and 8-9 out of 10 with any activity. She reports numbness, tingling and weakness. On physical exam dated 7-7-15, she has tenderness in the lumbar paraspinal musculature. She has decreased lumbar range of motion. She spends most of her time in bed. She is wheelchair dependent. She is not working. The treatment plan includes continuing medications, a catheter study and an MRI of thoracic spine. She had lumbar spine surgery on 8-26-15. The progress note from the surgeon dated after the surgery is not included in the medical records. In the Utilization Review dated 9-25-15, the requested treatment of occupational therapy: please evaluate and treat for therapeutic exercises for range of motion (ROM) and strength, self-care, home management training, neuromuscular re-education,

equipment assessment 3 times per week for 4 weeks for impaired activities of daily living (ADLs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupation therapy: evaluate and treat for therapeutic exercises for ROM (range of motion) and strength, self care, home management training, neuromuscular re-education, equipment assessment, 3 times weekly for 4 weeks, 12 sessions for impaired ADLs (activities of daily living): Upheld

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

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

Decision rationale: Physical Medicine Guidelines "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy with no significant improvement noted. There is no objective explanation why the patient would need additional occupational therapy as requested for services that should have been already addressed in physical therapy. The request is not medically necessary.