MAXIMUS Federal Services

Case Number:	CM15-0198949		
Date Assigned:	10/14/2015	Date of Injury:	11/13/2002
Decision Date:	11/24/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida
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 59 year old female, who sustained an industrial injury on 11-13-2002. The injured worker is being treated for L4-L5 disc protrusion with bilateral L4 and L5 radicular pain and weakness. Treatment to date has included diagnostics, physical therapy, medications, chiropractic treatment, bilateral L4 transforaminal epidural steroid injection (7-17-2015) and the use of a cane for ambulation. Per the only submitted Progress Report dated 3-30-2015, the injured worker reported lower back pain and bilateral leg pain and weakness. Objective findings included lumbar flexion and extension are minimal and create her classic lower back pain. There is not documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level attributed to prior physical therapy. Although physical therapy is mentioned in the provider notes, there is not a clear indication of how many sessions of prior physical therapy the IW has received. Per the note dated 3-30-2015 she is to start approved physical therapy as soon as able to schedule. On the 4-27-2015 authorization request, it is noted that the IW will begin physical therapy. Work status was not provided on this date. The plan of care included physical therapy and continuation of medications. Authorization was requested on 5-28-2015 and 7-29-2015 for 8 sessions of physical therapy. On 9-21-2015, Utilization Review modified the request for 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 8 sessions: Upheld

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

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

Decision rationale: In accordance with MTUS guidelines, the physical medicine recommendations state, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." Guidelines also state, "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." This patient has previously had physical therapy on several occasions (although the exact number of prior sessions is not specified in the records) but now his physician is requesting an additional 8 sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Likewise, this request is not medically necessary.

Percocet 10/325 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of continued functional improvement. Likewise, this requested chronic narcotic pain medication is not considered medically necessary.