MAXIMUS Federal Services

Case Number:	CM15-0202500		
Date Assigned:	10/26/2015	Date of Injury:	03/19/2014
Decision Date:	12/07/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/14/2015

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: Montana, Oregon, Idaho
Certification(s)/Specialty: Orthopedic Surgery

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 40 year old male who sustained an industrial injury on 3-19-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar herniated nucleus pulposus, lumbar facet arthropathy, and mechanical low back pain. Subjective complaints (5-28-15) include low back stabbing pain rated at 1 out of 10, pain extends into the right buttocks with cramping, occasional pain radiating through the right leg into the calf, being on his feet increases pain to 6-7 out of 10 and notes that pain is returning to baseline as the previous lumbar facet injection is wearing off. Objective findings (5-28-15) include lumbar spine range of motion in degrees: flexion 50, extension 15 (causes pain), right and left lateral bend 10, a normal gait, no tenderness to palpation over the right L4-L5 and L5-S1 facet region or to the cervical and thoracic region. Work status is noted as temporarily partially disabled for 6 weeks. An MRI of the lumbar spine (5-9-14) reveals "mild degenerative disc changes with shallow non- compressive disc bulging affects L5-S1 and L4-L5. Multilevel mild bilateral facet arthrosis. No evidence for compression discopathy, central canal stenosis or foraminal impingement." Previous treatment includes lumbar facet injection (2-18-15) with 65% reported relief, at least 18 sessions of physical therapy (reported provided good relief), at least 8 sessions of acupuncture (reported to decrease pain and increase relaxation), home exercise, Ketoprofen, Lidopro cream, Gabapentin, Naproxen, Senna S, Nortriptyline, and Ultracet. The treatment plan notes continue with ongoing physical therapy, proceed with facet joint injections, request ongoing pain management for medication management and further injection management, and follow up in 6 weeks. On 9-15-15, the requested treatment of physical therapy for the lumbar spine 2x4, follow up in 6 weeks, and a pain management consultation was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical Therapy (PT).

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

Decision rationale: According to the CA MTUS/ ACOEM Chronic Pain Medical Treatment Guidelines page 9, therapy for chronic pain ranges from single modality approaches for the straightforward patient to comprehensive interdisciplinary care for the more challenging patient. Therapeutic components such as pharmacologic, interventional, psychological and physical have been found to be most effective when performed in an integrated manner. All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. Typically, with increased function comes a perceived reduction in pain and increased perception of its control. This ultimately leads to an improvement in the patient's quality of life and a reduction of pain's impact on society. Physical therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. 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. In this case the injured worker is 40 years old and being treated for lower back pain after an injury in 2014. He has already completed at least 18 sessions of physical therapy and there is no objective documentation of functional improvement which would warrant further physical therapy sessions. There is no indication why the injured worker cannot transition to a home based program. There is no indication his work status has improved. The request is not medically necessary.

Follow up in 6 weeks: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg.

Decision rationale: CA MTUS is silent on the subject of office visits. The ODG-TWC recommends follow-up as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. 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. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case the worker was injured in 3/14. He is being treated with physical modalities and multiple pain medications. According to the guidelines office visits are individualized for each patient depending on how frequently the effect of interventions needs to be monitored. In this case the injured worker is on multiple medications and is not working. He was made temporarily totally disabled for 6 weeks. A six week office visit would be appropriate at that time. The request is medically necessary.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Independent Medical Evaluations and Consultations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM chronic pain management guidelines, medical management, page 5-7 states that a patient directed self-care model is the most realistic way to manage chronic pain. It is also stated that for long duration of intractable pain, referral to a multidiscipline program can be considered. In addition, consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. In this case the injured worker is being treated for chronic low back pain following an injury in 2014. He is on low doses of opioids. There is no specific reason documented why the worker is in need or how he might benefit from referral to a pain management specialist. Based on his previous response of only 65% improvement with the lumbar facet block another injection would not be warranted as the guidelines state a positive response is 70% improvement. Therefore the request is not medically necessary.