

Case Number:	CM15-0206252		
Date Assigned:	10/23/2015	Date of Injury:	02/26/2001
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/20/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of February 26, 2001. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve requests for 8 sessions of physical therapy and a Depo-Medrol injection. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 9, 2015 office visit, the applicant reported ongoing complaints of neck and low back pain, 3/10. Radiation of pain to the arms and legs was reported. The applicant was not working and had not worked since 2002, the treating provider reported. The applicant was receiving Social Security Disability Insurance (SSDI) benefits, in addition to Workers' Compensation indemnity benefits, the treating provider reported. The applicant's medications included morphine, Cymbalta, and Lyrica, it was stated. The applicant was asked to consider lumbar spine surgery and/or cervical spine surgery. Lumbar radiofrequency ablation procedures were sought. There was no seeming mention of either physical therapy or the Depo- Medrol injection at issue on this date. On an RFA form dated September 18, 2015, physical therapy was sought. On an associated handwritten progress note dated September 1, 2015, difficult to follow, not entirely legible, the applicant reported a major flare of pain complaints times the preceding 3 days. The applicant reported heightened complaints of low back pain radiating to legs. The applicant was given a Depo-Medrol injection in the clinic and apparently asked to consult a spine surgeon.

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): Introduction, Physical Medicine.

Decision rationale: No, the request for 8 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that the value of physical therapy increases with a prescription for the same which furnishes a clear description of treatment goals. Here, the applicant had failed to return to work and was receiving both Workers' Compensation indemnity benefits and long-term disability benefits, the treating provider reported on September 9, 2015. The applicant remained dependent on opioid agents to include morphine, the treating provider reported on September 9, 2015. The applicant was reportedly having difficulty performing activities of daily living as basic as ambulating and was using crutches to move about, it was stated on September 9, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The attending provider's handwritten September 1, 2015 office visit and September 18, 2015 RFA form, furthermore, failed to furnish clear treatment goals and/or failed to outline how (or if) the applicant would stand to gain from further treatment, going forward. Therefore, the request is not medically necessary.

Depo Medrol 40mg injection: Overturned

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-Lumbar & Thoracic (Acute & chronic): Corticosteroids (oral/parenteral/IM for low back pain).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

Decision rationale: Conversely, the request for a Depo-Medrol injection was medically necessary, medically appropriate, and indicated here. While the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 notes that steroid injections such as the Depo-Medrol injection in

question are deemed optional, here, however, the attending provider's September 1, 2015 office visit stated that the applicant had experienced a severe flare in pain complaints on that date. Administration of the Depo-Medrol injection was, thus, indicated to attenuate the applicant's severe flare in radicular pain complaints reported on September 1, 2015. Therefore, the request is medically necessary.