

Case Number:	CM15-0022270		
Date Assigned:	02/11/2015	Date of Injury:	04/17/2014
Decision Date:	03/30/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/05/2015

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: Indiana

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 injured worker is a 30 year old male with an industrial injury dated 04/17/2014 while moving a 500 pound barrel resulting in injury to the low back, shoulder and neck. His diagnoses include low back pain, herniated lumbar disc, radiculitis lower extremities, left shoulder impingement syndrome, cervical strain, rule out cervical spine disc herniation, and radiculitis of the upper extremities. Recent diagnostic testing was not submitted or discussed. Previous treatments have included conservative care, physical therapy (25 sessions), medications, shockwave therapy, chiropractic treatments (6), acupuncture (6 sessions), and electrical stimulation. In a progress note dated 12/16/2014, the treating physician reports continued pain in the cervical spine with radiation into the left shoulder with numbness and tingling in the upper extremities bilaterally, and pain in the lower back with intermittent numbness and tingling in the bilateral lower extremities. The injured worker rated his current pain as 7/10 but noted that it is frequently 9/10. The objective examination revealed painful range of motion in the cervical spine, positive testing of the left shoulder without tenderness, full range of motion in the left shoulder, and painful range of motion without tenderness or spasms. The treating physician is requesting 18 physical therapy sessions for the neck, left shoulder and back, and pain management and spine surgery consultations which were denied by the utilization review. On 01/05/2015, Utilization Review non-certified a request for 18 physical therapy visits for the neck, left shoulder and back, noting that the injured worker has completed 25 sessions of physical therapy since the date of injury, and no rationale was provided as to why this injured worker could not complete the rehabilitation process with an independent home program. The

MTUS Guidelines were cited. On 01/05/2015 Utilization Review non-certified a request for pain management consultation, noting that the injured worker has had 2 previous pain management consultations, and no rationale for why the injured worker requires a 3 consultation, The ACOEM Guidelines were cited. On 01/05/2015, Utilization Review non-certified a request for spine surgery consultation, noting the absence of documentation that the injured worker is a surgical candidate for the spine, no documentation that this injured worker has clinical imaging evidence of pathologic surgical lesions. The ACOEM Guidelines were cited. On 02/05/2015, the injured worker submitted an application for IMR for review of 18 physical therapy visits for the neck, left shoulder and back, pain management consultation, and spine surgery consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

18 Physical Therapy Visits for Neck, Left Shoulder and Back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Manual therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies its cervical recommendations with Cervicalgia (neck pain); Cervical spondylosis = 9 visits over 8 weeks Sprains and strains of neck = 10 visits over 8 weeks Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The employee has already undergone many sessions of physical therapy, but there is insufficient documentation on the functional gains from that therapy and the reasons why he cannot be transitioned to a home exercise program and what the goals of the additional 18 sessions would be. Therefore, the request for 18 Physical Therapy Visits for Neck, Left Shoulder and Back is not medically necessary.

Pain Management Consult: 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), 2nd Edition, 2004 Page 127

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain program Page(s): 30-34. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic Pain Programs

Decision rationale: MTUS states, Criteria for the general use of multidisciplinary pain management programs: Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. ODG states concerning chronic pain programs (e) Development of psychosocial sequelae that limits function or recovery after the initial incident, including anxiety, fear-avoidance, depression, sleep disorders, or nonorganic illness behaviors (with a reasonable probability to respond to treatment intervention); (f) The diagnosis is not primarily a personality disorder or psychological condition without a physical component; (g) There is evidence of continued use of prescription pain medications (particularly those that may result in tolerance, dependence or abuse) without evidence of improvement in pain or function. While the treating physician does document the use of opioids and other pain medications, the treating physician has not provided detailed documentation of chronic pain treatment trials and failures to meet all six MTUS criteria for a chronic pain management program. As such the request for a pain management consult is not medically necessary.

Spine Surgery Consult: 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), 2nd Edition, 2004 Page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Office Visit

Decision rationale: ODG states concerning office visits Recommended 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. ACOEM additionally states concerning low back complaints: Assessing Red Flags and Indications for Immediate Referral Physical-examination evidence of severe neurologic compromise that correlates with the medical history and test results may indicate a need for immediate consultation. The examination may further reinforce or reduce suspicions of tumor, infection, fracture, or dislocation. A history of tumor, infection, abdominal aneurysm, or other related serious conditions, together with positive findings on examination, warrants further investigation or referral. A medical history that suggests pathology originating somewhere other than in the lumbosacral area may warrant examination of the knee, hip, abdomen, pelvis or other areas. Medical records do not indicate any red flags for immediate referral. The subjective and objective complaints have also changed minimally over the last year and the treating physician does not detail well why the consultation request. As such, the request for a spine surgery consult is not medically necessary at this time.