

Case Number:	CM15-0213718		
Date Assigned:	11/03/2015	Date of Injury:	11/03/2014
Decision Date:	12/15/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/29/2015

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: New Jersey

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 66 year old male, who sustained an industrial injury on 11-3-14. The injured worker has complaints of cervical spine; lumbar spine; right and left shoulder and left elbow pain. There is tenderness to palpation at the cervical spine and right foot and ankle. The diagnoses have included sprain of lumbar and left elbow strain and sprain. Treatment to date has included medications; therapy and rest. The original utilization review (10-6-15) non-certified the request for consult neuro surgeon spine initial for the lumbar spine; physical therapy 2x4 for the lumbar and left elbow and functional improvement measurement with limited functional improvement measures using NIOSH standard testing, 30-60 days (every 30 days while undergoing treatment) for the lumbar spine and left elbow. Several documents within the submitted medical records are difficult to decipher.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult N/S Spine Initial For The Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, Consultation and Independent Medical Examinations.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation ACOEM p. 127.

Decision rationale: The ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. The ACOEM MTUS Guidelines also states that referral to a surgeon for low back pain is only indicated when the patient exhibits severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, has activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and failure of conservative treatment to resolve disabling radicular symptoms. In the case of this worker, there was subjective complaints and positive straight leg raise, which was suggestive of lumbar radiculopathy. However, sensory testing was not performed and reflexes were normal. Regardless, MRI was ordered/requested at the same time as this referral request to the neurosurgeon, and therefore there would not be any MRI results present to confirm the diagnosis of lumbar radiculopathy to justify the referral. Therefore, this referral request is premature and not medically necessary at this time until MRI results as well as physical findings can confirm the diagnosis is reasonable to become a surgical case.

Physical Therapy 2x4 For The Lumbar And Left Elbow: 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: Physical therapy in the form of passive therapy for the lower back and elbow is recommended by the MTUS Guidelines as an option for chronic lower pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or elbow pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had already completed at least 24 sessions of supervised physical therapy. There was a request to have additional supervised physical therapy, however, there was no report found on how effective these sessions were, nor was there any evidence to suggest home exercises were incapable of being performed unsupervised at this stage. Therefore, without more evidence for appropriateness, the additional 8 sessions of physical therapy are not medically necessary at this time.

Functional Improvement Measurement With Limited Functional Improvement Measures Using NIOSH Standard Testing/30-60 Days (Every 30 Days While Undergoing Treatment) For The Lumbar Spine And Left Elbow: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: The MTUS Guidelines state that assessing for functional improvement is recommended to be done on a regular basis in order to evaluate the effectiveness of interventions. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. It should include the following categories: Work Functions and/or Activities of Daily Living, Self Report of Disability (e.g., walking, driving, keyboard or lifting tolerance, Oswestry, pain scales, etc): Objective measures of the patient's functional performance in the clinic (e.g., able to lift 10 lbs floor to waist x 5 repetitions) are preferred, but this may include self-report of functional tolerance and can document the patient self-assessment of functional status through the use of questionnaires, pain scales, etc (Oswestry, DASH, VAS, etc.) Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees. Approach to Self-Care and Education Reduced Reliance on Other Treatments, Modalities, or Medications: This includes the provider's assessment of the patient compliance with a home program and motivation. The provider should also indicate a progression of care with increased active interventions (vs. passive interventions) and reduction in frequency of treatment over course of care. For chronic pain, also consider return to normal quality of life, e.g., go to work/volunteer each day; normal daily activities each day; have a social life outside of work; take an active part in family life. In the case of this worker, requesting a separate bill for this assessment is not medically necessary as assessing for function should be part of a standard history and physical at each appointment before and after any intervention is being implemented.