

Case Number:	CM15-0220311		
Date Assigned:	11/17/2015	Date of Injury:	02/14/2012
Decision Date:	12/30/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/10/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 57 year old male who sustained an industrial injury on 2-14-12. A review of the medical records indicates he is undergoing treatment for "total spine pain," chronic non-malignant pain of the low back and neck, and chronic cervical and lumbosacral radiculopathies. Medical records (5-22-15, 6-19-15, 7-17-15, 8-14-15, 9-11-15, 9-25-15, and 10- 9-15) indicate ongoing complaints of neck and low back pain. He rates his pain "7-10 out of 10". The 9-25-15 record indicates that his neck pain is a constant, sharp, stabbing pain with associated stiffness and tightness in the neck. The pain radiates to the head, causing headaches. It also radiates to the upper back to bilateral shoulders and arms. His low back pain is described as a constant, sharp, stabbing pain across his waist that radiates to his buttocks, thighs, and down his legs to the knees and toes. He has associated stiffness of the lower back. The physical exam (9- 25-15) reveals "give way" weakness of the bilateral upper extremities, involving the shoulder, elbow, and wrist bilaterally. Upper extremity reflexes are noted to be diminished bilaterally. The lumbar spine exam reveals a "stilted gait". The provider states that "he tends to drag his right lower extremity". The injured worker is noted to be "reluctant" to stand on his toes or balance on his heels, when asked to do so. Motor testing reveals "give way" weakness at the ankle and knee. Lower extremity reflexes are diminished bilaterally. Diagnostic studies have included x-rays of the cervical and lumbar spine and MRIs of the cervical and lumbar spine, as well as bilateral shoulders. Treatment has included medications, physical therapy (number of sessions not included in the records), acupuncture, two cervical epidural steroid injections, a back brace,

use of a cane, and a home stimulator unit. The records indicate that previous physical therapy and acupuncture were completed "without relief". The treatment recommendations (9-25-15) include physical therapy and a consideration of a psychological or neurological consultation. The utilization review (10-30-15) includes requests for authorization of 8 physical therapy sessions and a consultation with a psychologist and-or neurologist. Physical therapy was denied. The request for a psychologist and-or neurologist consultation was modified to a consultation with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines 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 quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the patient has had an exacerbation of symptoms and would benefit from therapy. The number of visits requested is within guideline recommendations. As such, the request for 8 physical therapy is medically necessary.

1 Consult with neurologist: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation American Medical Directors Association (AMDA). Pain management in the long-term care setting. Columbia (MD): 2012. 60 p.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

Decision rationale: ODG concerning office visits states, "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 regarding assessments states, "The content of focused examinations is determined by the presenting complaint and the area(s) and organ system(s) affected", and further writes that covered areas should include "Focused regional examination" and "Neurologic, ophthalmologic, or other specific screening." Medical records indicate a complex case involving neurological, spinal and psychological diagnosis. A consultation would be appropriate at this time. As such, the request for 1 Consult with neurologist is medically necessary at this time.