MAXIMUS Federal Services

Case Number:	CM14-0143231		
Date Assigned:	09/10/2014	Date of Injury:	05/29/2014
Decision Date:	10/30/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	09/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed a claim for neck, low back, and bilateral hip pain reportedly associated with an industrial injury of May 9, 2014. In a Utilization Review Report dated August 5, 2014, the claims administrator denied a request for six sessions of physical therapy to include various modalities, including muscle stimulation, infrared therapy, and manipulation, denied a request for range of motion measurements, denied a request for a several topical compounded medications, denied a psychological factor screening, denied a work hardening screening, and denied a functional capacity evaluation. Despite the fact that this was not a chronic pain case as of the date of the request, it appears that the claims administrator preferentially invoked the MTUS Chronic Pain Medical Treatment Guidelines over ACOEM. The applicant's attorney subsequently appealed.The treatments at issue were sought via a Request for Authorization (RFA) form dated July 16, 2014, in which a follow-up visit with formal range of motion measurements, and physical therapy with various modalities was sought. In a progress note of the same date, July 16, 2014, the applicant reported multifocal complaints of headaches, neck pain, mid back pain, low back pain, bilateral hip pain, sleep disturbance, and psychological stress. The applicant was placed off of work, on total temporary disability. Six sessions of physical therapy were sought. It was acknowledged that the applicant had completed 11 sessions of physical therapy through that point in time. A psychosocial factor screening, work hardening screening, and functional capacity testing were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Medicine 6 additional visits to include muscle stimulation to the spine, infra-red to the spine, chiropractic manipulative therapy to the spine, massage to the cervical spine and hips, and therapeutic activities to the lumbar spine with mobilizations.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 60,Chronic Pain Treatment Guidelines Transcutaneous electrical stimulation and chiropractic manipulati.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The applicant had already had prior treatment (at least 11 sessions, per the attending provider), seemingly well in excess of the 1-2 visits recommended in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-5, page 299 for educational counseling and evaluation of home exercise transition purposes. The earlier treatment did apparently include a variety of passive modalities, including manipulation. As further noted in ACOEM Chapter 12, page 299, if manipulation or, by implication, any other modality, does not bring improvement in three to four weeks, it should be stopped and the applicant re-valuated. In this case, all evidence on file pointed to the applicant's having responded poorly to earlier physical therapy and manipulative therapy treatment. The applicant was off of work, on total temporary disability, despite having completed 11 prior sessions of physical therapy/manipulative therapy, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite earlier treatment already in excess of MTUS parameters. Therefore, the request for six additional sessions of physical medicine is not medically necessary.

FOLLOW-UP VISIT WITH RANGE OF MOTION MEASUREMENTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 170, 293.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 293, range of motion measurements of the low back are of "limited value" owing to the marked variation in range of motion amongst the applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 8, page 170 also notes that range of motion measurements of the neck and upper back are of "limited valued" owing to the marked variation amongst the applicants with and without symptoms. In this case, the attending provider failed to furnish any compelling applicant-specific rationale which would offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Lidocaine, Gabapentin, Tramadol 10% 180gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 & 113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the lidocaine-containing topical compound at issue are "not recommended." In this case, there was/is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify selection of the topical compound at issue. Therefore, the request is not medically necessary.

Flurbiprofen 15%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5% cream 180 gm with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112 and 113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as the compound at issue are "not recommended." As with the other topical compound, there was/is no evidence of intolerance to and/or failure or multiple classes of first-line oral pharmaceuticals so as to justify selection and/or ongoing usage of the flurbiprofen-containing topical compound at issue. Therefore, the request is not medically necessary.

Psychological Factor Screening: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an applicant's failure to improve may be due to unrecognized medical or psychological conditions or unrecognized psychosocial stressors. In this case, the attending provider has posited that the applicant has some undiagnosed mental health issues which are impeding and delaying the applicant's recovery. Obtaining a psychological factor screening to ascertain the psychological component of the applicant's delayed recovery is indicated. Therefore, the request is medically necessary.

Work Hardening Screening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 1, page 11 notes that work hardening, in the form of conditioning at higher or reconditioning after absence from work, is a logical step from a physiologic standpoint, in this case, however, it was not clearly stated that the applicant had a job to return to. It was not clearly stated that the applicant was intent on returning to the workplace and/or workforce. The information on file suggests that the applicant was off of work, on total temporary disability, on or around of the date of the request, that the applicant was alleging a variety of complaints secondary to cumulative trauma and that the applicant was represented. All of the foregoing suggests that the applicant was likely not intent on returning to the workplace and/or workforce. The attending provider did not clearly articulate any return to work goal along with the request for the work hardening screening. Therefore, the request is not medically necessary.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation ACOEM Chapter 7, page 138

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering using a functional capacity evaluation when necessary to translate medical impairment into functional limitations and restrictions, in this case, however, the applicant is off of work, on total temporary disability. There is no indication that the applicant is intent on returning to the workplace and/or workforce and/or that the applicant has a job to return to. It is not clear what role or functional capacity evaluation would have in this context. Therefore, the request is not medically necessary.