

Case Number:	CM14-0160501		
Date Assigned:	10/06/2014	Date of Injury:	07/20/2011
Decision Date:	11/07/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/30/2014

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 chronic hand, low back, foot, and shoulder pain reportedly associated with an industrial injury of July 20, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; a cane; and extensive periods of time off of work. In a utilization review report dated September 12, 2014, the claims administrator denied an electric wheelchair, denied an MRI of the lumbar spine, denied an office visit, denied Soma, and denied physical therapy in unspecified amounts. The applicant's attorney subsequently appealed. In a handwritten note dated September 8, 2014, difficult to follow, not entirely legible, the applicant reported persistent complaints of low back pain, 7/10, increased with activity, including walking. The applicant exhibited an unsteady gait, it was suggested, owing to ongoing complaints of low back pain. The applicant was using Soma and Mobic, both of which were apparently refilled for one month. Physical therapy in unspecified amounts, an electric chair, and MRI imaging of the lumbar spine were sought. The applicant's work status was not furnished, although it did not appear that the applicant was working. In an earlier handwritten note dated June 14, 2014, the applicant again presented with persistent complaints of low back pain, 7/10. The applicant also had numbness about the hands associated with reported carpal tunnel syndrome. The applicant was again described as using Soma and Mobic. Medications were refilled. The applicant was asked to follow up in one month. The applicant's gait was not clearly described at this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electric Wheel Chair: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Power Mobility Devices Topic Page(s): 99.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, it is imperative to make every attempt to maintain an applicant at maximum level of activity, including work activities. In this case, then, provision of an electric wheelchair would run counter to ACOEM principles and parameters as, by implication, it would minimize the applicant's overall level of activity. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that power mobility devices such as the electric wheelchair at issue can be employed if an applicant's functional mobility deficit cannot be sufficiently resolved through the usage of a cane, walker, and/or manual wheelchair, in this case, the nature, extent, magnitude, and scope of the applicant's functional mobility deficit has not been clearly outlined. While the applicant did exhibit some degree of gait disturbance secondary to pain, this was not elaborated or expounded upon. It does not appear, moreover, that the applicant is having difficulty ambulating on a visit to visit basis. As further noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, provision of power mobility devices such as the electric wheelchair at issue are "not essential to care." Therefore, the request is not medically necessary.

MRI of the Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 8th edition, 213 on lumbar MRI

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, there is no evidence that the applicant is actively considering or contemplating any kind of surgical intervention involving the lumbar spine. Therefore, the request is not medically necessary.

Office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 79, frequent follow-up visits are "often warranted" for monitoring in order to provide structure and reassurance to applicants. In this case, the applicant has a variety of chronic pain complaints where the applicant is off of work. The applicant is using a variety of medications. Obtaining more frequent follow-up office visits is therefore indicated. Accordingly, the request is medically necessary.

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65, 29.

Decision rationale: As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic or long-term use purposes. Page 65 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that Carisoprodol or Soma is not recommended for longer than two to three weeks. In this case, the applicant appears to have been using Soma for a minimum of several months. This is not an MTUS-endorsed role for the same. Therefore, the request is not medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, 2013 on lumbar PT

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8 to 10 sessions of treatment for radiculitis, the diagnosis reportedly present here, in this case, however, it was not clearly stated how much physical therapy was sought. It was not clearly stated how much physical therapy had transpired to date. The applicant's response to earlier treatment was not clearly outlined in any of the handwritten progress notes referenced above. It is further noted that page 48 of the ACOEM Practice Guidelines further notes that it is incumbent upon a treating provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, the open-ended request for unspecified amounts of physical therapy did not clearly state treatment goals. Therefore, the request is not medically necessary.