

<b>Case Number:</b>	CM14-0093970		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 67-year-old male with a 2/2/13 date of injury. At the time (4/28/14) of request for authorization for Internal Medicine Consultation, Physical Therapy for Cervical, thoracic and lumbar spine 3x4, and there is documentation of subjective (continued complaints of neck pain, left shoulder pain, low back pain, and left hip pain radiating to the bilateral lower extremities with numbness and tingling) and objective (tenderness to palpation over the paracervical muscle bilaterally, reduced cervical range of motion with spasms, positive Spurling's test; tenderness to palpation over the lumbar spine with reduced range of motion and spasms; reduced range of motion of the left shoulder with positive impingement test, and reduced strength of the upper extremity) findings, current diagnoses (cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left shoulder sprain/strain, bilateral wrist sprain/strain, left hip sprain/strain, hypertension, diabetes, insomnia, and anxiety/stress), and treatment to date (ongoing therapy with Flexeril and 12 physical therapy sessions approved on 3/31/14). In addition, medical report identifies requests for internal medicine consultation due to the patient's continued complaints as it relates to hypertension and diabetes; psychiatric evaluation due to the patient's anxiety and depression; refill of Flexeril; and course of physical therapy. Regarding Physical Therapy for Cervical, thoracic and lumbar spine 3x4, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Regarding Flexeril 10mg #40, there is no documentation of acute exacerbation of chronic low back pain and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Internal Medicine Consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** The Expert Reviewer 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) Independent Medical Examinations and consultations, page(s) 127.

**Decision rationale:** MTUS reference to ACOEM guidelines identifies that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work, as criteria necessary to support the medical necessity of consultation. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left shoulder sprain/strain, bilateral wrist sprain/strain, left hip sprain/strain, hypertension, diabetes, insomnia, and anxiety/stress. In addition, given documentation of a request for internal medicine consultation due to the patient's continued complaints as it relates to hypertension and diabetes, there is documentation that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Therefore, based on guidelines and a review of the evidence, the request for Internal Medicine Consultation is medically necessary.

### **Psychiatric Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. ODG identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left shoulder sprain/strain, bilateral wrist sprain/strain, left hip sprain/strain, hypertension, diabetes, insomnia, and

anxiety/stress. In addition, given documentation of a request for psychiatric evaluation due to the patient's anxiety and depression, there is documentation that a consultation is indicated for screening, assessment of goals, and further treatment options. Therefore, based on guidelines and a review of the evidence, the request for Psychiatric Evaluation is medically necessary.

**Physical Therapy for Cervical, thoracic and lumbar spine 3x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 114, Chronic Pain Treatment Guidelines Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back; Low Back - Lumbar & Thoracic, physical therapy.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of cervical sprain/strain, thoracic sprain/strain, and lumbar sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes 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) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left shoulder sprain/strain, bilateral wrist sprain/strain, left hip sprain/strain, hypertension, diabetes, insomnia, and anxiety/stress. In addition, there is documentation of previously authorized physical therapy. However, given documentation of 12 physical therapy sessions approved on 3/31/14, which exceeds guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date. Therefore, based on guidelines and a review of the evidence, the request for Physical Therapy for Cervical, thoracic and lumbar spine 3x4 is not medically necessary.

**Flexeril 10mg #40: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 83.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain, left shoulder sprain/strain, bilateral wrist sprain/strain, left hip sprain/strain, hypertension, diabetes, insomnia, and anxiety/stress. In addition, there is documentation of continued low back pain with spasms. However, there is no documentation of acute exacerbation of chronic low back pain. In addition, given documentation of ongoing treatment with Flexeril, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Flexeril. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #40 is not medically necessary.