

Case Number:	CM13-0029800		
Date Assigned:	11/01/2013	Date of Injury:	03/17/2004
Decision Date:	01/29/2015	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/27/2013

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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 66 year old male with an injury date of 03/07/04. The 09/05/13 report states that the patient presents with increased lumbar pain on both sides radiating to the legs with decreasing ability to sleep. Pain is rated 6/10. Examination reveals pain with lumbar facet loading maneuver and positive straight leg raise bilaterally. The patient's diagnoses include: 1. Lumbar radiculopathy, unchanged 2. Long-term current use of medications. The treating physician states, "He does feel the lumbar epidural was helpful in regards to his lumbar spine and lower extremity pain symptoms." Reports show this injection occurred at L5-S1 on 07/09/13. Refill medications are listed as Terocin lotion, Meloxicam, and Buphrenorphine. The utilization review being challenged is dated 09/17/13. The rationale regarding the modified number of office visits is that the patient is stable and no surgery or procedures are planned. Quarterly visits are reasonable unless and until the patient's condition changes. Reports were provided from 03/27/13 to 09/05/13..

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional office visits: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Evaluation and Management (E&M).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Office visits.

Decision rationale: The patient presents with increased bilateral lower back pain radiating to the bilateral lower extremities with decreasing ability to sleep. Pain is rated 6/10. The current request is for 6 Additional office visits. The request is per report of unknown date. The RFA is not provided. The 09/17/13 utilization review does not state the date of the request and modifies the requested 6 visits to 3 quarterly visits. ODG, Low Back Chapter, 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." ODG further states the determination is also based on what medications the patient is taking as some medications such as opiates and certain antibiotics require close monitoring. The treating physician does not discuss this request in the reports provided. The frequency of the requested visits is not clear and this is not stated in the utilization review. However, it is clear that the 6 visits requested are more frequent than quarterly and the reports provided routinely state the patient is to return in 2 months or 3 months. The most recent 09/05/13 report states the patient is to return in 4 weeks. In this case, the patient is documented to be taking Buprenorphine, a partial opioid agonist. ODG states office visits play a critical role in diagnosis and return to function and determination is also based on the types of medications being taken that require close monitoring, including opioids. This request appears reasonable per guidelines. The request is medically necessary.

Additional Physical Therapy for the Lumbar Spine, 2 x per week x 4 weeks, for a total of 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicines..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with increased bilateral lower back pain radiating to the bilateral lower extremities with decreasing ability to sleep. Pain is rated 6/10. The current request is for Additional Physical Therapy for the Lumbar Spine, 2 x per week x 4 weeks, for a total of 8 sessions. The request is per report of unclear date. The RFA is not provided, and the 09/17/13 utilization review does not state the date of the request. The 09/05/13 report states the patient is referred for physical therapy, but does not state the number of sessions. MTUS pages 98, 99 states that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. There is no evidence in the reports provided that the patient is within a post-surgical treatment period. The 09/05/13 report states the patient's gait and station are, "normal, and can undergo exercise, testing and/or participate in exercise program." The utilization review states the patient has received 8 physical therapy visits "this year". The UR does not cite the dates of this therapy. The treating physician does not discuss this request in the reports provided. It is not stated why the patient needs additional therapy at this time. No prior therapy treatment reports are provided or discussed and

no objective goals are given for therapy. Furthermore, the treating physician states the patient can participate in exercise, but does not explain why home exercise is inadequate. Additionally, it appears the 8 sessions already provided combined with the 8 sessions requested, may exceed what is allowed per MTUS. In this case, the request is not medically necessary.