

Case Number:	CM14-0211275		
Date Assigned:	12/24/2014	Date of Injury:	11/08/2007
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of November 8, 2007. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a request for "continued treatment with pain management." The claims administrator stated that it was not clear whether this represented a request for consultation, office visits, analgesic medications, or physical therapy. The claims administrator referenced progress notes and RFA forms of July 21, 2014 and August 6, 2014, in its determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated November 12, 2014 the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of ankle pain reportedly attributed to complex regional pain syndrome. The note was extremely difficult to follow and not entirely legible. On December 10, 2014, the applicant was, once again, placed off of work, on total temporary disability, while unspecified medications were refilled owing to ongoing complaints of burning ankle pain. On August 19, 2014, the applicant was again kept off of work while Cymbalta, tizanidine, Lyrica, and Ultram were endorsed owing to ongoing complaints of foot pain associated with reflex sympathetic dystrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued treatment with pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Ankle and foot, Office Visit

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 48, 79.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow up visits are "often warranted" for monitoring purposes in order to provide structure and reassurance even in applicants whose conditions are not expected to change appreciably from week to week, in this case, however, it was not clearly stated what the 'continued treatment' with pain management represented. It was not clear whether this request represented a request for continued office visits, interventional procedures, medications, physical therapy, etc. As noted above, the progress notes of late 2014, on which the article in question was sought were sparse, handwritten, difficult to follow, not entirely legible, and did not clearly state what was intended. The request, thus, as written, is at odds with the MTUS Guideline in ACOEM Chapter 3, page 48, which stipulates that it is incumbent upon an attending provider to furnish a prescription for physical methods/physical therapy/treatment, which "clearly states treatment goals." Here, by definition, the handwritten, largely legible progress notes did not clearly state treatment goals or clearly outline what treatment was at issue. Therefore, the request is not medically necessary.