

Case Number:	CM14-0212721		
Date Assigned:	12/30/2014	Date of Injury:	11/14/2013
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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 low back and left knee pain reportedly associated with an industrial injury of November 14, 2013. In a Utilization Review Report dated December 11, 2014, the claims administrator partially approved a request for 12 sessions of physical therapy as 6 sessions of physical therapy, partially approved a request for 12 sessions of acupuncture as 4 sessions of acupuncture, denied a cervical MRI, and denied a CT scan of chest wall. The claims administrator did not reference any progress notes in its rationale, but stated at the bottom of its report that its decision was based on a progress notes of November 18, 2014, September 26, 2014, and August 29, 2014. The applicant's attorney subsequently appealed. On April 30, 2014, the applicant reported some flare in low back, hip, and knee pain. The applicant was placed off of work, on total temporary disability, for a few days. On August 28, 2014, the applicant reported persistent complaints of left knee pain, exacerbated by standing, walking, and lifting. A mild limp was evident. The applicant was not a surgical candidate per an orthopedic knee surgeon. The applicant was asked to continue regular duty work. The remainder of the file was surveyed. The progress notes and RFA forms of September 26, 2014, October 9, 2014, November 8, 2014, and December 5, 2014, which the claims administrator predicated its decision upon were not incorporated into the independent medical review packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical therapy visits for the low back: Upheld

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

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

Decision rationale: The 12-session course of therapy proposed, in and out itself, represents treatment in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting that applicants are expected to continue active therapies and home exercise in excess of the treatment process. Here, all information on file points to the applicant having successfully returned to regular duty work. The applicant was described as having little-to-no residual impairment on the progress note referenced above dated August 28, 2014. It was not clearly stated why the applicant could not transition to self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, although it is acknowledged that the progress notes on which the article in question were sought were not incorporated into the independent medical review packet. The information, which was/is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

12 Acupuncture visits for the low back: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 12-session course of acupuncture proposed, in and of itself, represents treatment in excess of the three- to six-session course deemed necessary to produce functional improvement in the Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.c.1. No compelling case was made for such a protracted course of treatment, although, as noted above, it is acknowledged that the progress notes on which the articles in question were sought were not incorporated into the independent medical review report. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

1 Cervical MRI: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 notes that MRI imaging is recommended to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for invasive procedures, in this case, however, there was neither an explicit statement (nor an implicit expectation) that the applicant and/or attending provider would act on the results of the request and/or consider surgical intervention based on the outcome of the same, although, as noted previously, the progress notes on which the article in question was sought were not incorporated into the independent medical review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.

1 CAT scan of the anterior chest wall: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation General Thoracic Surgery, Thomas Shields et al., Chapter 10, Table 10-1, "Indications for Chest Computed Tomography to Evaluate the Lung, Pleura, and Chest Wall," page 150.

Decision rationale: The MTUS does not address the topic. While the textbook General Thoracic Surgery notes in Chapter 10, Table 10-1, page 150, that indications for computer tomography of the chest wall include "identifying a primary tumor, screening for pulmonary metastases and extrathoracic tumors, further evaluation of known primary tumor or thoracic metastases, further characterization of a solitary pulmonary nodule for malignant potential, evaluation of pneumonia that is not responding to treatment, accessing for occult infections in immunocompromised patients, diffuse lung disease, evaluating for pulmonary embolism, evaluating for pleural disease, and/or evaluating a potential chest wall mass," in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The progress note on which the article in question was sought was not incorporated into the independent medical review packet. The information which was on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.