

Case Number:	CM14-0214276		
Date Assigned:	01/07/2015	Date of Injury:	01/27/2014
Decision Date:	03/03/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/22/2014

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 neck pain reportedly associated with an industrial injury of January 27, 2014. In a Utilization Review Report dated December 4, 2014, the claims administrator failed to approve requests for eight sessions of physical therapy and a functional capacity evaluation. Non-MTUS ODG Guidelines and the mislabeled, misnumbered page "474" of the MTUS Chronic Pain Medical Treatment Guidelines were referenced in the denial. On July 16, 2014, the applicant reported persistent complaints of neck pain. The applicant was using Plavix, aspirin, Wellbutrin, and Zestril, it was stated. The applicant was described off of work and had been deemed "disabled," the treating provider acknowledged. An earlier note of June 26, 2014 was also notable for comments that the applicant was off of work, on total temporary disability. A May 8, 2014 progress note was again notable for comments that the applicant would remain off of work, on total temporary disability, owing to ongoing complaints of neck pain radiating into the bilateral upper extremities. Various diagnostic testing of cervical spine, including CT scanning and electrodiagnostic testing were sought at various points in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (PT) 2 times 4 for the neck and low back: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 474.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does endorse a general course of 8-10 sessions of treatment for radiculitis, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was/is off of work, on total temporary disability, despite having had earlier unspecified amounts of physical therapy, suggesting a lack of functional improvement as defined in MTUS 9792.20f despite earlier treatment. Therefore, the request for additional physical therapy is not medically necessary.

Functional Capacity Evaluation for the neck and low back: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Functional Capacity Evaluation

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 2, page 21 suggests considering functional capacity testing when necessary to translate medical impairment into limitations and restrictions and to determine work capability, in this case, however, the applicant is off of work, on total temporary disability. The applicant has been off of work for a span of several months to approximately one year. The applicant does not appear to have a job to return to. It is not clear why a functional capacity testing, thus, is being sought in the clinical and vocational context present here. Therefore, the request is not medically necessary.