

Case Number:	CM14-0214368		
Date Assigned:	01/07/2015	Date of Injury:	03/05/2014
Decision Date:	03/04/2015	UR Denial Date:	11/14/2014
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: New York, Tennessee

Certification(s)/Specialty: Emergency 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 patient is a 49-year-old female who was injured on March 5, 2014. The patient continued to experience pain in neck pain to both shoulders, low back and left long finger and headaches. Physical examination was notable for limited range of motion of the cervical spine, palpable tenderness along the paracervical muscles, no tenderness to the lumbar spine, normal muscle strength and intact sensation. Diagnoses included cervical radiculopathy, lumbar radiculopathy, and resolving sprain left long finger. Treatment included medications, acupuncture, botox injections, massage therapy, chiropractic therapy, and pain management consultant. Requests for authorization for physical therapy of the neck and lower back, three times weekly for 4 weeks, hand therapy three times weekly for 4 weeks, and pain management consultation were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3x4 for the Neck and Lower 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 Pain Interventions and Guidelines Page(s): 98-99.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the patient had prior treatment with chiropractic therapy with no documentation of objective evidence of functional improvement. In addition the requested number of 12 visits surpasses the number of six visits recommended for clinical trial. The request should not be authorized.

Hand Therapy 3X4 to the left hand: 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 Pain Interventions and Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Hand therapy.

Decision rationale: Hand therapy is physical therapy for the hand. Chronic Pain Medical Treatment Guidelines state that there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, TENS units, ultrasound, laser treatment, or biofeedback. They can provide short-term relief during the early phases of treatment. Active treatment is associated with better outcomes and can be managed as a home exercise program with supervision. ODG states that physical therapy is more effective in short-term follow up. 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). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. Recommended number of visits for myalgia and myositis is 9-10 visits over 8 weeks; and for neuralgia, neuritis, and radiculitis is 8-10 visits over 4 weeks. In this case the requested number of 12 visits surpasses the number of six visits recommended for clinical trial. The request should not be authorized.

Pain Management Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate; Evaluation of Chronic Pain in Adults.

Decision rationale: Many patients with chronic pain may be managed without specialty referral. Patients may require referral to a pain specialist for the following reasons: Symptoms that are debilitating; Symptoms located at multiple sites; Symptoms that do not respond to initial therapies; Escalating need for pain medication. In this case the patient had prior referral to pain management specialist. There was no documentation that the patient had new symptoms or required more pain medication. Repeat referral to pain specialist is not indicated. The request should not be authorized.