MAXIMUS Federal Services

Case Number:	CM14-0217056		
Date Assigned:	01/06/2015	Date of Injury:	08/22/2011
Decision Date:	02/28/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/26/2014

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 Jersey
Certification(s)/Specialty: Family Practice

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 injured worker is a 53 year old female with a reported industrial injury on August 22, 2011, while she was lifting heavy luggage at the airport assisting a passenger she felt pain in her lower back and heard something crack in her lower back, she had trouble getting up and later that evening she fell getting out of the bathroom and landed on her right side, striking her right arm and hip.The injured worker was seen on October 28, 2014, for initial orthopedic evaluation. The presenting complaints included back pain with shooting pain down to bilateral feet, some sharp burning pain to the tops of her feet. The physical exam of the lumbar spine revealed tenderness right posterior superior iliac spine region and pain with flexion and extensions. The diagnostic studies have included Magnetic resonance imaging (MRI) of lumbar spine and X-rays. The medical treatment is physical therapy and medications. Diagnoses are lower back pain; radiculitis lower extremities and rule out lumbar disc herniation. The treatment plan is physical therapy electromyogram (EMG) and nerve conduction study (NCV) of lower extremities, referred to pain management, Diclofenac, Omeprazole and Non-steroidal anti-inflammatory drug. The work status is temporally totally disabled. On November 11, 2014, the provider requested Physical Therapy 3 x 6 for lumbar spine times 18, EMG and NCV of the lower extremities and Pain Management Consult, on November 17, 2014, the Utilization Review non-certified requested Physical Therapy 3 x 6 for lumbar spine times 18, EMG and NCV of the lower extremities and Pain Management Consult the decision was based on the California Medical treatment utilization schedule (MTUS) guidelines, Official Disability Guidelines (ODG) and American College of Occupational and Environmental Medicine (ACOEM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 3 x 6 for lumbar spine Qty: 18.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 299, 300,Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Chapter, Physical Therapy

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

Decision rationale: Physical therapy in the form of passive therapy for the lower back is recommended by the MTUS Guidelines as an option for chronic lower back pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had undergone some physical therapy in the past, however, information regarding the worker's response to this and how many had been completed was not found in the documentation. Regardless, the number of requested additional physical therapy sessions (more than 3 years after the injury) alone is already more than the recommended number of supervised physical therapy sessions and would be excessive if implemented. At this point, the worker should be very familiar and completing home exercises effectively as the primary form of physical therapy. There was no report that the worker was performing these or that he was having difficulty with performing these at home. Therefore, the 18 sessions of physical therapy will be considered medically unnecessary.

EMG/NCV of the lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 62,303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The MTUS ACOEM Guidelines state that for lower back complaints, nerve testing may be considered when the neurological examination is less clear for symptoms that last more than 3-4 weeks with conservative therapy. In the case of this worker, there had not yet been completed EMG/NCV testing, however, this is not enough reasoning to recommend them. There was no documented evidence from physical findings to suggest any neurovascular compromise (all normal). Therefore, it is not clear why the testing was recommended, based on the

documentation provided for review, and the EMG/NCV testing of the lower extremities will be considered medically unnecessary.

Pain Management Consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM Practice Guidelines , page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127,Chronic Pain Treatment Guidelines Page(s): 77, 81, 124.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Specifically with those taking opioids, a pain specialist may be helpful and warranted in cases where subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist, when dosing of opioids begins to approach the maximum recommended amounts, or when weaning off of opioids proves to be challenging. Pain specialists may also be consulted when considering therapeutic pain-controlling procedures such as epidural injections, for example. In the case of this worker, there was insufficient evidence found in the documents provided to suggest any specific reason for the consultation. There was no procedure discussed, no discussion about the provider needing help managing the medications, and no discussion regarding the clarity of the diagnosis. Consultation with pain management requires specific reasoning to be approved, which was not included in this request. Therefore, the pain management consult will not be considered medically necessary.