

Case Number:	CM15-0011033		
Date Assigned:	01/28/2015	Date of Injury:	09/27/2014
Decision Date:	03/30/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/20/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45 year old female, who sustained an industrial injury on September 27, 2014. She has reported lower back pain radiating to the right buttock and leg, and mid back pain. The diagnoses have included lumbar spine sprain/strain with right sciatica, rule out lumbar radiculopathy. Treatment to date has included medications, physical therapy, chiropractic and imaging studies. A progress note dated December 8, 2014 indicates a chief complaint of continued lower back pain radiating to the right buttock and leg, and mid back pain. Physical examination showed limping, right lumbar spine tenderness, and decreased sensation of the right foot. The treating physician is requesting physical therapy for initial functional capacity evaluation, additional physical therapy two sessions each week for three weeks, pain management consultation, Interferential unit, and a prescription for Naprosyn topical cream. On December 23, 2014 Utilization Review denied the request citing the MTUS chronic pain medical treatment guidelines, ACOEM Guidelines, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Initial Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM , 2nd Edition (2004) Chapter 7, page 137 and 138 and the Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: The ACOEM Guidelines in regard to FCE detailed the recommendation for consideration of a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the injured worker has had prior unsuccessful return to work attempts, that the injured worker requires a modification for return to work, or that the injured worker has additional injuries which require detailed exploration of the employee's abilities. These are the criteria set forth by the ODG for the consideration of an FCE. As the criteria are not met, the request is not medically necessary.

Naprosyn topical cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: With regard to topical NSAIDs, MTUS states "These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. (Mason, 2004) Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)."Per the guidelines, the indications of this medication are limited to joints that are amenable to topical treatment. The documentation submitted for review does not denote any indications for the request. The request is not medically necessary.

IF Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

Decision rationale: Per MTUS CPMTG with regard to interferential current stimulation: "Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications,

and limited evidence of improvement on those recommended treatments alone."As the requested treatment is not recommended by the MTUS, and has only limited evidence of improvement when used in conjunction with other recommended treatments, the request is not medically necessary.

Pain Management Consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, Chapter 7, Independent Medical Consultation and Evaluations, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 27.

Decision rationale: The California MTUS Guidelines recommend a consultation to aid with diagnosis/prognosis and therapeutic management, recommend referrals to other specialist if a diagnosis is uncertain or exceedingly complex when there are psychosocial factors present, or when, a plan or course of care may benefit from additional expertise. I respectfully disagree with the UR physician. Pain management consultation for the purpose of medication management is medically necessary.

Physical Therapy 2 x 3: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG, Low Back, Physical Therapy

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Per the ODG guidelines: Lumbar sprains and strains (ICD9 847.2): 10 visits over 8 weeks. I respectfully disagree with the UR physician, the documentation submitted for review does not indicate that the injured worker has had physical therapy in the past. The request is medically necessary.