

Case Number:	CM15-0015265		
Date Assigned:	02/03/2015	Date of Injury:	04/07/2008
Decision Date:	03/24/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 (IW) is a 47 year old female, who sustained an industrial injury on April 7, 2008. She has reported back pain, neck pain, hand and thumb pain with associated tingling and numbness in the arms and was diagnosed with epicondylitis of the elbow/ medial, brachial neuritis or radiculitis, cervical disc disorder with myelopathy and shoulder region disorders. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, pain medication, and conservative treatment modalities. Currently, the IW complains of back pain, neck pain, hand and thumb pain with associated tingling and numbness in the arms. The injured worker reported an industrial injury in 2008, resulting in chronic back pain with associated numbness and tingling in the upper extremities. She underwent surgical interventions to relieve the pain however it remains. On August 11, 2014, evaluation revealed continuing pain. X-rays revealed arthrodesis and loss of disc height at the lumbar 5-Sacral 1 level. The plan was to continue home exercise and physiotherapy. Pain medications were renewed and Prilosec for stomach upset was ordered. On November 13, 2014, she reported continued neck pain radiating to the right upper extremity. She reported increased depression, sleep disturbances and anxiety. Pain medications, Xanax and Soma were renewed. On December 1, 2013, she reported increased thumb pain with a popping and locking sensation. Surgical intervention was recommended. On December 29, 2014, Utilization Review non-certified a pain management consultation, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 13, 2015,

the injured worker submitted an application for IMR for review of requested pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

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, page 127 - Consultation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office Visits

Decision rationale: MTUS is silent regarding visits to a Pain specialist. ODG states, "Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. The treating physician has not provided goals for this referral or rationale behind it. As such, the request for Pain Management Consultation is not medically necessary."

4 Physical Therapy Session (1 time a week for 4 weeks) for the Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy/Manipulation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 65-194, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Neck and Upper Back, Physical Therapy, ODG Preface ? Physical Therapy

Decision rationale: MTUS refer to physical medicine guidelines for physical therapy and recommends as follows, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG writes regarding neck and upper back physical therapy, Recommended. Low stress aerobic activities and stretching exercises can be initiated at home and supported by a physical therapy provider, to avoid debilitation and further restriction of motion. ODG further quantifies

its cervical recommendations with Cervicalgia (neck pain), Cervical spondylosis, 9 visits over 8 weeks Sprains and strains of neck, 10 visits over 8 weeks Regarding physical therapy, ODG states 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 exceeds the guideline, exceptional factors should be noted. At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. Medical records indicate this patient has already attended physical therapy; however, the number of sessions is not detailed. The medical records do not indicate functional improvement from previous PT sessions. TAs such, the request for 4 Physical Therapy Session (1 time a week for 4 weeks) for the Cervical Spine is not medically necessary.