

Case Number:	CM15-0127793		
Date Assigned:	07/20/2015	Date of Injury:	11/16/2012
Decision Date:	08/25/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	07/01/2015

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: Texas, New York, 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 47-year-old who has filed a claim for chronic neck, low back, and arm pain reportedly associated with an industrial injury of November 16, 2012. In a Utilization Review report dated May 29, 2015, the claims administrator failed to approve requests for 18 sessions of physical therapy for the neck, 18 sessions of physical therapy for the lower back, a pain management follow-up visit, and a follow-up visit with the primary treating provider in four to six weeks to include range of motion testing. The claims administrator referenced a May 21, 2015 progress note in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the bulk of the information on file comprised, in large part, of historical Utilization Review reports, with comparatively little clinical information. In a January 23, 2015 pain management note, the applicant reported ongoing complaints of neck and low back pain. The applicant was asked to continue aquatic therapy and pursue an epidural steroid injection. The applicant's work status was not detailed. On April 22, 2015, the applicant again reported ongoing complaints of neck and low back pain. Limited cervical and lumbar range of motion was appreciated. Work restrictions, a home exercise program, twelve to eighteen sessions of acupuncture, and a rather proscriptive 10-pound lifting limitation were endorsed. It was not stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 times a week for 6 weeks for the neck area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: No, the request for 18 sessions of physical therapy for the neck was not medically necessary, medically appropriate, or indicated here. The 18-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further 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, however, the applicant's work status was not clearly outlined on the April 22, 2015 progress note at issue. It did not appear, however, that the applicant was working with a rather proscriptive 10-pound lifting limitation in place. The attending provider failed to furnish a clear or compelling evidence of functional improvement as defined in MTUS 9792.20e following receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Physical therapy 3 times a week for 6 weeks for the lower back area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

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

Decision rationale: Similarly, the request for 18 sessions of physical therapy for the low back was likewise not medically necessary, medically appropriate, or indicated here. The 18-session course of physical therapy at issue, in and of itself, represents treatment in excess of the 9- to 10-session course suggested on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. This recommendation is further 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, however, the applicant's work status was not clearly outlined on April 22, 2015, although it did not appear that the applicant was working with a rather proscriptive 10-pound lifting limitation in place, the treating provider suggested, implying a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for an additional 18 sessions of physical therapy for the low back was not medically necessary.

Follow up with pain management: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Conversely, the request for a follow-up visit with a pain management physician was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from visit to visit or week to week. Here, the applicant had longstanding multifocal pain complaints. The applicant was receiving various treatments, including epidural steroid injection therapy, physical therapy, acupuncture, etc. A follow-up visit was, thus, indicated for monitoring, treatment assessment, and reassurance purposes. Therefore, the request was medically necessary.

Follow up in 4-6 weeks and range of motion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM, Chapter 7: Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 293; 170.

Decision rationale: Finally, the request for a follow-up visit in four to six weeks to include computerized range of motion testing was likewise not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators were the neck, upper back, and lower back. However, the MTUS Guideline in ACOEM Chapter 8, page 170 notes that range of motion measurements of the neck and upper back are of "limited value" owing to the marked variation amongst applicants with and without symptoms. Similarly, the MTUS Guideline in ACOEM Chapter 12, page 293 also notes that range of motion measurements of the low back are likewise of "limited value," owing to the marked variation amongst applicants with and without symptoms. Here, the attending provider failed to furnish a clear or compelling rationale for pursuit of computerized range of motion in the face of the unfavorable ACOEM positions on the same. Therefore, the entire request for a follow-up visit in four to six weeks with associated range of motion testing was not indicated. Therefore, the request was not medically necessary.