

Case Number:	CM15-0176391		
Date Assigned:	09/17/2015	Date of Injury:	06/27/2008
Decision Date:	10/28/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/08/2015

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 [REDACTED] beneficiary who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 27, 2008. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for 6 sessions of physical therapy and a detoxification program. Progress notes and RFA forms of July 23, 2015 and July 31, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of neck pain, 5/10 with medications versus 9-10/10 without medications. The applicant reported multifocal complaints of neck pain, mid back pain, upper back pain, headaches, depression, dysphagia, and insomnia, it was reported. The applicant was given rather proscriptive 15-pound lifting limitation. The applicant was described as a qualified injured worker. The applicant was asked to continue methadone, Norco, Elavil, and Soma while remaining off of work. On June 26, 2015, the applicant again reported 9-10/10 pain without medications versus 5/10 pain with medications. The attending provider contended that the applicant's ability to get dressed had been ameliorated as a result of ongoing medication consumption. The attending provider apparently expressed concerns over the applicant's polypharmacy. Ultimately, Soma, Elavil, Norco, and methadone were renewed and/or continued. On August 18, 2015, the attending provider acknowledged that the applicant would continue methadone, Norco, Elavil, and Soma. The applicant was pending a hardware removal surgery. The applicant was a qualified injured worker, it was acknowledged on this date. The attending provider stated that the applicant was not a candidate for detoxification on the grounds

that the applicant was pending spine surgery. In an earlier note dated July 23, 2015, the applicant was again deemed a qualified injured worker. A hardware removal procedure, methadone, Norco, Elavil, and Soma were sought. The applicant was asked to pursue physical therapy and a detoxification program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 6 sessions, neck & shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, and Postsurgical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 6 sessions of physical therapy for the neck and shoulder was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the operating diagnoses here, this recommendation is, however, 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 remained off of work, it was reported on multiple office visits, referenced above, including on the July 23, 2015 office visit at issue. The applicant was deemed a "qualified injured worker" it was reported on that date, suggesting that the applicant was not working with previously imposed permanent limitations in place. Said permanent limitations were renewed, unchanged, on the July 23, 2015 office visit at issue. The applicant remained dependent on a variety of opioid and non-opioid agents to include methadone, Norco, Elavil, Soma, etc. All of the foregoing, taken together, suggested that the applicant had effectively plateaued in terms of the functional improvement measures established in MTUS 9792.20e, despite 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.

Detoxification program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

Decision rationale: Similarly, the request for a detoxification program was not medically necessary, medically appropriate, or indicated here. While page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that high-dose abusers or those with polydrug

abuse may need inpatient detoxification, here, however, the attending provider failed to specify a duration for the proposed detoxification program. The attending provider, moreover, went on to rescind or retract his request for detoxification program on August 18, 2015, noting that the applicant was pursuing further spine surgery and was unable to detoxify off of the medications in question at that time. Therefore, the request was not medically necessary.