

Case Number:	CM15-0179631		
Date Assigned:	09/21/2015	Date of Injury:	07/03/2008
Decision Date:	10/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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, shoulder, and mid back pain reportedly associated with an industrial injury of July 3, 2008. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for 16 sessions of physical therapy for the neck, mid back, and shoulder. The claims administrator referenced a July 7, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported moderate-to-severe complaints of low back pain. The applicant was not able to work, it was reported owing to pain complaints ranging from 8 to 10/10. The applicant was described as having severe disability. Epidural steroid injection therapy was seemingly sought. The applicant was using Relafen and Neurontin, it was reported. On an earlier note dated May 12, 2015, it was acknowledged that the applicant was not, in fact, working. On June 9, 2015, the applicant was asked to continue Relafen and Neurontin. A rather proscriptive 15-pound lifting limitation was renewed, although it was acknowledged that the applicant was not seemingly working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Sessions physical therapy to cervical/thoracic spine and left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Physical Medicine.

Decision rationale: No, the request for 16 sessions of physical therapy for the neck, mid back, and shoulder was not medically necessary, medically appropriate, or indicated here. The 16-session course of treatment at issue, in and of itself, represented 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, i.e., the diagnosis 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 and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 48 to the effect that an attending provider should furnish a prescription for physical therapy and/or physical methods which "clearly states treatment goals." Here, however, the applicant was off of work. The same, unchanged, rather proscriptive 15-pound lifting limitation was renewed from visit to visit, seemingly resulting in the applicant's removal from the workplace. The applicant remained dependent on variety of analgesic and adjuvant medications to include Relafen and Neurontin, it was reported on multiple occasions, including on July 10, 2015. All of the foregoing, taken together, strongly suggested the applicant had in fact 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. It did not appear that the applicant could stand to gain from further treatment, going forward. A clear statement of treatment goals was not seemingly furnished. Therefore, the request was not medically necessary.