MAXIMUS Federal Services

Case Number:	CM15-0064627		
Date Assigned:	04/10/2015	Date of Injury:	06/30/2013
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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
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 injured worker is a 31 year old male, who sustained an industrial injury on 06/30/2013. The injured worker is currently diagnosed as having L4-S1 degenerative disc disease and lumbosacral sprain/strain. MRI (14 May 2014) showed L4-5 disc herniation with possible L5 nerve root impingement and L5-S1 disc herniation. Treatment to date has included lumbar spine MRI, physical therapy 6 sessions), and medications. In a progress note dated 02/10/2015, the injured worker presented with complaints of worsening low back pain with intermittent paresthesias in both legs and causing difficulty completing some activities at work. Exam showed lumbar paravertebral tenderness and normal lumbar range of motion. The treating physician reported requesting authorization for a pain management specialist and spine specialist. According to the application, Independent Medical Review was also requested for physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with an orthopedic spine surgeon: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations, page 127, 156.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case, the provider is treating a patient with pain associated with a potentially surgical etiology, which was not improved with improved with conservative therapy. The provider's referral to a spine specialist to manage the patient's lumbar injury is appropriate if the provider does not feel comfortable doing the management - the provider actually made the request after receiving the results of the Lumbar MRI in mid 2014. The provider obviously did not feel comfortable as is implied when the provider made the request for a referral. Medical necessity has been established and is medically necessary.

Physical therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy for low back pain, neuralgia, neuritis, and radiculitis, should show a resultant benefit by 10 sessions over a 4 week period and the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommends that physical therapy for patients with delayed recovery be time contingent. This patient has had multiple PT sessions since his injury in 2013. He presently is experiencing an exacerbation of his chronic low back pain. Although repeat physical therapy is effective for exacerbations of the patient's condition the therapy should follow the above recommendations. Medical necessity for the frequency and number of PT sessions requested has not been established and 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 Chapter 7, Independent Medical Examinations and Consultations, page 127, 156.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): Chp 2 pg 21, Chp 5 pg 79, 89-90, 92.

Decision rationale: Decision on when to refer to a specialist is based on the ability of the provider to manage the patient's disease. It relates to the provider's comfort point with the medical situation and the provider's training to deal with that situation. In this case the provider has a patient with chronic pain, not improved with improved with conservative therapy. The provider's referral to a pain specialist to manage the patient's chronic pain is appropriate if the provider does not feel comfortable doing the management. This is implied when a provider requests a referral. Medical necessity has been established and is medically necessary.