

Case Number:	CM15-0067379		
Date Assigned:	04/15/2015	Date of Injury:	07/24/2014
Decision Date:	05/15/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/09/2015

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: Indiana

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:

2014. The injured worker received the following treatments in the past physical therapy, psychological services, lumbar spine MRI, Norco, Xanax, Gabapentin and lumbar epidural steroid injection with minimal relief. The injured worker was diagnosed with severe stenosis at L4-L5 which was concordant with L5 radiculopathy. According to progress note of March 30, 2015, the injured workers chief complaint was right lower extremity weakness and increased muscle cramping. The physical exam noted the injured worker walked with an antalgic gait factoring the right. The lumbar spine was limited extension and right sided bending. There was tenderness of the S1 joints on the right side. There was tenderness of the hip joint of the right low extremity. The treatment plan included 6 additional physical therapy for the lumbar spine and right lower extremity and 6 additional psychology sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy for lumbar spine and right lower extremity Qty 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Manual therapy Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines 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 quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a “six-visit clinical trial” of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that an initial trial of physical therapy was initiated, but there is insufficient documentation as to the results of those sessions and the pain control and functional benefits. Moreover, there is no plan for transition to a home exercise program or justification as to how the new sessions will aide in the treatment plan. Therefore, the request is not medically necessary.

Additional Pain Psychology Sessions Qty 6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, Mental Illness and Stress.

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

Decision rationale: MTUS is silent regarding visits to a pain psychologist. 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. There was no documentation on how the previous sessions improved pain control and functional movement, and there is no justification for what further sessions will do in the management of this employee's injuries and pain. Therefore, the request is not medically necessary.

