

Case Number:	CM15-0078794		
Date Assigned:	04/30/2015	Date of Injury:	01/10/1999
Decision Date:	06/01/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/24/2015

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: Family Practice

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 58 year old female, who sustained an industrial injury on 1/10/1999. The mechanism of injury is unknown. The injured worker was diagnosed as having cervical and lumbar degenerative disc disease and right shoulder rotator cuff surgery. There is no record of a recent diagnostic study. Treatment to date has included massage therapy and medication management. In a progress note dated 3/17/2015, the injured worker complains of neck and low back pain. The treating physician is requesting 12 physical therapy sessions for the lumbar and cervical spine and pain management specialist for long-term medication management. The injured worker is being prescribed Norco and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions for the lumbar and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Physical therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The current examination narrative does not establish significant objective functional deficits to support physical therapy treatments. In addition, while a short course of physical therapy may be supported for education in a home exercise program, the request for 12 sessions exceeds the recommended amount per the MTUS guidelines. The request for 12 physical therapy sessions for the lumbar and cervical spine is not medically necessary and appropriate.

Consultation and treatment with pain management physician: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92, Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to ACOEM guidelines, referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this case, the injured worker is currently followed by an orthopedic surgeon. The injured worker is utilizing opioids and the treating physician has requested pain management referral for long-term medication management. It does not appear that the orthopedic surgeon is requesting the pain management referral for interventional pain management procedures. While a consultation with pain management consultation would be supported for long-term medication management, the request for consultation and treatment with pain management physician is not supported. Modification cannot be rendered in this review. The request for Consultation and treatment with pain management physician is therefore not medically necessary and appropriate.