MAXIMUS Federal Services

Case Number:	CM15-0091355		
Date Assigned:	05/15/2015	Date of Injury:	08/22/2008
Decision Date:	06/17/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 68-year-old man sustained an industrial injury on 8/22/2008 after sustaining a 15k volt electrocution injury. Diagnoses include electrocution and neuropathic pain. Treatment has included oral medications and activity modification. Physician notes dated 4/10/2015 show complaints of neck pain rated 7/10 and back and left foot/ankle pain rated 6/10. Recommendations include increasing Lyrica, activity modification, brain and lumbar spine MRI, nerve conduction study, physical therapy, chemical dependency consultation, sleep medicine consultation, chronic pain management consultation, and follow up as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy for the Lumbar twice a week for five weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy.

Decision rationale: Pursuant to the Chronic and Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy lumbar spine two times per week times five weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are electrocution; and neuropathic pain. The date of injury is August 22, 2008 (seven years). There is no documentation in the medical record of prior physical therapy over a seven-year period. The worker has complaints of left back pain that radiates to the ankle 6/10. The injured worker has had a decreased ability to ambulate and is unable to carry a backpack. There is no documentation of prior physical therapy. There were no physical therapy progress notes in the medical record. The guidelines recommend a six visit clinical trial in the absence of prior physical therapy. The treating provider requested physical therapy two times per week times five weeks. This is in excess of the recommended guidelines. If the injured worker has received prior physical therapy, there is insufficient documentation to warrant additional physical therapy. Additionally, there are no compelling clinical facts documented in the medical record indicating additional physical therapy is warranted. Consequently, absent clinical documentation with evidence of prior physical therapy and a request in excess of the recommended guidelines for six visit clinical trial or, in the alternative, no compelling clinical facts in the medical record indicating additional physical therapy is warranted, physical therapy lumbar spine two times per week times five weeks is not medically necessary.

Consultation Chemical Dependency: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, consultation chemical dependency is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates, for certain antibiotics require close monitoring. In this case, In this case, the injured worker's working diagnoses are electrocution; and neuropathic pain. The date of injury is August 22, 2008 (seven years). The documentation shows the injured worker has been taking Lyrica for neuropathic pain. There is no documentation of opiate use or other controlled substances. There is no clinical indication or rationale for a chemical dependency consultation in the absence of chemical dependency (opiate and/or controlled substance abuse). Consequently, absent clinical documentation with a clinical indication/ rationale for a chemical dependency consultation, consultation chemical dependency is not medically necessary.