

Case Number:	CM14-0035854		
Date Assigned:	06/23/2014	Date of Injury:	07/25/2008
Decision Date:	08/24/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/24/2014

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 (IW) is a 41 year old male who sustained an industrial injury on 07/25/2008. He reported a trip and fall accident where he was running upstairs and tripped, falling forward landing on his knees and elbows. The injured worker was diagnosed as having back strain and contusion of right knee. Treatment to date has included a trial of physical therapy (not beneficial) and a trial of epidural injections with transient improvement. He had a L3-S1 fusion in November 2012. The worker developed a red rash on his belly following some of his injections. He was referred to a pain management specialist. In the evaluation of 02/21/2014 the injured worker complains of ongoing low back pain with weakness, stiffness, limited movement, episodes of giving way, and numbness. On examination, he walks with a slight limp due to weakness. He has had stress migraines and anxiety attacks and has sought treatment at the hospital for them. His mobility is improving, and he has lost ten pounds. He has psychiatric treatment authorizations for depression. Treatment recommendation is for a pain management specialist to help manage symptoms and medication intake, and additional physical therapy for the worker to work on strengthening and mobility. His physical therapy sessions began in September 2013 when he was ten months out from surgery. At the time of the 09/17/2013 exam he was also encouraged to start a home exercise program. Medications include Methadone and Oxycodone. A request for authorization was made for the following: 1. Physical therapy to the lumbar spine, two sessions per week for six weeks, total of twelve sessions; 2. Pain management consult/treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to the lumbar spine, two sessions per week for six weeks, total of twelve sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300. Decision based on Non-MTUS Citation Official Disability Guidelines, back chapter.

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

Decision rationale: Physical therapy to the lumbar spine, two sessions per week for six weeks, total of twelve sessions are not medically necessary per the MTUS Guidelines. The patient is out of the postoperative period and has completed the postoperative therapy per the documentation submitted. The documentation does not indicate extenuating circumstances which would necessitate 12 more supervised therapy sessions as the MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 visits for this condition and a transition to an independent home exercise program. The patient should be well versed in a home exercise program at this point. The request for additional physical therapy is not medically necessary.

Pain management consult/treatment: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 92, 127, 179-180, 300, Chronic Pain Treatment Guidelines epidural steroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: Pain management consult/treatment is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. The ODG states that 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 documentation is not clear on the need for a pain management consultation. The documentation does not reveal objective findings that necessitate an interventional pain procedure. The documentation indicates that the patient has chronic low back pain. It is unclear how this consult will change the medical management of the patient and therefore this request is not medically necessary.