

Case Number:	CM13-0013268		
Date Assigned:	06/06/2014	Date of Injury:	07/14/2006
Decision Date:	07/11/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female who reported an injury on July 14, 2006. The mechanism of injury was not provided. The clinical note dated July 16, 2013 noted the injured worker presented with complaints of lower back pain. Upon examination, there was a positive Patrick-Fabere sign to the left, a positive Minor's sign, a limping gait, 45 degrees of flexion, 5 degrees of extension with a sharp left lower back/sacroiliac joint pain, and the injured worker discussed depression and need for help. Diagnoses were lumbar left sacroiliac joint status post radiculitis and spondylosis. Prior treatment included a total knee replacement. The provider recommended a consult with cognitive behavioral therapy, a pain management consult, and a followup visit. The Request for Authorization form and the provider's rationale was not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONSULT COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, page 163.

Decision rationale: The request for consult for cognitive behavioral therapy is non-certified. American College of Occupational and Environmental Medicine Guidelines state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The included medical documents have a diagnosis for the injured worker with lower left sacroiliac joint with radiculitis and spondylosis. It is unclear how a consultation for cognitive behavioral therapy would aid in the provider's determination of prognosis, therapeutic management, and determination of medical stability for the injured worker. There was a lack of psychological symptoms to support the request. There was no clear rationale to support the consultation. The request is not medically necessary.

PAIN MANAGEMENT CONSULT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 6, PAGE 115.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 6, Page 163.

Decision rationale: The California MTUS state if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The ACOEM Guidelines further state that consultation is intended to aid in assessing the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. The included medical documents have a diagnosis for the injured worker of lower left SI joint with radiculitis and spondylosis. There was a lack of information pertaining to prior conservative treatment provided to address the injured worker's pain. There was no clear rationale to support the consultation. The request is not medically necessary.

FOLLOW UP VISIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 Visit.

Decision rationale: The Official Disability Guidelines recommend office visits for proper diagnosis and return to function of an injured worker. The need for a clinical visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. As injured worker's 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 healthcare system through self-care as soon as clinically feasible.

There was no rationale given in the provider's request for a follow-up visit. The request is not medically necessary.