

Case Number:	CM13-0016227		
Date Assigned:	11/06/2013	Date of Injury:	10/21/2008
Decision Date:	01/31/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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 patient is a 58-year-old male, who reported an injury on 10/21/2008. The mechanism of injury was noted to be a motor vehicle accident. The patient has diagnoses of depressive disorder and chronic pain due to trauma. His subjective complaints are noted as pain in the neck, right shoulder, upper back, as well as sleep difficulty. Objective findings are noted as decreased range of motion in the cervical spine, and moderate tenderness and spasm of the lumbar spine. A recommendation was made for a psychological consult and 10 sessions of physical therapy for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Work Loss Data Institute (ODG) Guidelines-Neck and Upper Back (Acute & Chronic) updated 5/14/2013, and Physical therapy: ODG Physical Therapy Guidelines.

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

Decision rationale: The Chronic Pain Guidelines state that physical medicine is recommended as 9 to 10 visits over 8 weeks for myalgia. It is noted that active therapy is based on the philosophy that therapeutic exercise and/or activity has been beneficial for restoring function. The documentation submitted for review fails to give specific objective functional deficits related to the patient's musculoskeletal condition. There is also an absence of documentation regarding how physical therapy will be beneficial for the patient. With the absence of more detailed documentation regarding the patient's functional deficits, musculoskeletal condition, and potential benefit of physical medicine, the request is not supported. Therefore, the request is non-certified.

One (1) psychological consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101.

Decision rationale: The Chronic Pain Guidelines state that psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. The patient has a diagnosis of depressive disorder. The clinical information submitted indicates that the patient has a history of psychological treatment. As the documentation and recent notes does not give a specific indication for an updated psychological evaluation, the request is not supported. Therefore, the request is non-certified.