

Case Number:	CM13-0036297		
Date Assigned:	12/13/2013	Date of Injury:	11/04/2009
Decision Date:	02/19/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/21/2013

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 < Physical Medicine and Rehabilitation and is licensed to practice in California. 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 54-year-old male who reported an injury on November 04, 2009. The patient is diagnosed with post concussion syndrome, delayed recovery, obesity, and anxiety. The patient was seen by [REDACTED] on October 11, 2013. The patient reported persistent pain, with headaches and sleep disturbance. Physical examination was not provided. Treatment recommendations included authorization for two (2) sessions of physical therapy, a gym membership, six (6) weeks of Weight Watchers, cognitive behavioral treatment, and a repeat sleep study.

IMR ISSUES, DECISIONS AND RATIONALES

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

repeat sleep study with consideration: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Pain Chapter)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Polysomnography

Decision rationale: The Official Disability Guidelines state sleep studies are recommended for a combination of indications such as excessive daytime somnolence, cataplexy, morning headache,

intellectual deterioration, personality change, insomnia complaint for at least 6 months, unresponsiveness to behavioral intervention, sedative/sleep promoting medications, and psychiatric etiology exclusion. Based on the clinical information received, the patient does not currently meet criteria for a repeat sleep study. There is no documentation that sedative/sleep promoting medications and psychiatric etiology have been excluded. There is also no evidence of excessive daytime somnolence, cataplexy, intellectual deterioration, or personality changes. Based on the clinical information received, the request is non-certified.

two (2) physical therapy visits for HEP (Home Exercise Program) training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation General Approaches ACOEM Pain, Suffering and the Restoration of Function Chapter (page 114); ODG Head Chapter (trauma, headaches, etc., not including stress & mental disorders); ODG Physical Medicine Guidelines.

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

Decision rationale: The California MTUS Guidelines state 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. Guidelines allow for a fading of treatment frequency, plus active self-directed home physical medicine. As per the clinical notes submitted, there was no comprehensive physical examination describing functional limitations on the requesting date of October 11, 2013. The patient's injury was greater than 4 years ago to date, and there is no evidence of a previous course of physical therapy with instruction of independent exercises. Based on the clinical information received, the request is non-certified.

request for a one (1) month gym membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Gym memberships

Decision rationale: The Official Disability Guidelines state gym memberships are not recommended as a medical prescription, unless a home exercise program has not been effective and there is a need for equipment. As per the clinical notes submitted, there is no documentation of a failure to respond to more conservative treatment, nor is there evidence of the need for equipment. The medical necessity has not been established. Therefore, the request is non-certified.

request for six (6) weeks of Weight Watchers: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: The California MTUS Guidelines state functional restoration is an established treatment approach that aims to minimize the residual complaints and disability resulting from acute and/or chronic medical conditions. Independent self management is the long term goal of all forms of functional restoration. As per the clinical notes submitted, there is no documentation of a failure to respond to previous attempts at weight loss. There is also no documentation of the patient's current BMI. It has not been established that there is a causal relationship to the industrial injury. The medical necessity has not been established. Therefore, the request is non-certified.

request for a six (6) sessions of Psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20, 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The California MTUS Guidelines utilize the Official Disability Guidelines Cognitive Behavioral Therapy Guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. As per the clinical documentation submitted, the patient has been seen by a psychiatrist since at least 2012. The total number of individual psychotherapy sessions completed to date, as well as objective functional improvement, has not been documented. Additionally, the current request for six (6) sessions of psychotherapy exceeds guideline recommendations for an initial trial of 3 to 4 visits over 2 weeks. Based on the clinical information received, the request is non-certified.