

Case Number:	CM13-0036592		
Date Assigned:	12/13/2013	Date of Injury:	01/17/2003
Decision Date:	01/30/2014	UR Denial Date:	10/07/2013
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 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 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 51-year-old female who reported an injury on 01/07/2003 after a slip and fall at work. The patient reportedly sustained an injury to the face, right shoulder, neck, chest, ribs, hands, and back. The patient history is significant for 3 surgeries to her right wrist and hand, depression, and memory loss. Previous treatments included medications, physical therapy, and steroid injections. The patient's most recent clinical exam findings included positive facet loading in the lumbar spine, decreased sensation in the right calf, and tenderness to palpation in the cervical paraspinal musculature. The patient's diagnoses included lumbago, lumbar facet dysfunction, anxiety, depression, and myalgias. The patient's treatment plan included continued medications, physical therapy for myofascial release, continuation of home exercise program, and a follow-up with a psychiatrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy-unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested physical therapy for an unspecified time period is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has pain and range of motion deficits. However, it is also documented that the patient is compliant with a home exercise program that does assist with alleviation of symptoms. California Medical Treatment Utilization Schedule recommends that patients be transitioned into a home exercise program to maintain increased functional levels provided during skilled supervised therapy. Additionally, the request does not provide duration or frequency that would allow for timely reassessment and evaluation to support continued treatment. As the patient is currently participating in a home exercise program that is providing functional benefit, continued supervised physical therapy would not be supported. As such, the requested physical therapy, unspecified, is not medically necessary or appropriate.

Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychologist Page(s): 101.

Decision rationale: The requested psychologist is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has significant chronic pain. The patient is also diagnosed with depression and anxiety. California Medical Treatment Utilization Schedule does recommend psychological treatment of patients who have chronic pain with psychological symptoms that would delay recovery. However, the clinical documentation does indicate that the patient had prior psychiatric care. Therefore an additional consultation would not be indicated. As such, the request for a psychologist is not medically necessary or appropriate.

Pain management specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 clinical documentation submitted for review does provide evidence that the patient is already being monitored by a pain management specialist. [REDACTED] recommends consultation of a specialist when the patient's treatment plan would benefit from additional expertise. As the patient does have chronic pain complicated by psychological deficits to include anxiety and depression, a pain management specialist would be appropriate. However, as the patient is already under the care of a pain management specialist, an additional pain management specialist would not be

supported. As such, the requested pain management specialist is not medically necessary or appropriate.

MRI Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, MRI.

Decision rationale: The requested MRI of the lumbar spine is not medically necessary or appropriate. [REDACTED] recommends MRI when there is conclusive evidence of neurological deficits that require assessment for patients who are a surgical candidate. The clinical documentation submitted for review does not provide any evidence that the patient has any neurological deficits that would need to further be evaluated by an imaging study. Additionally, the clinical documentation submitted for review does provide evidence that the patient previously underwent an MRI of the lumbar spine. Official Disability Guidelines do not recommend repeat imaging unless there is evidence of progressive neurological deficits or a significant change in the patient's pathology. The clinical documentation submitted for review does not provide any evidence that the patient has any significant findings of neurological deficits that would be considered progressive and there is no documentation of a significant change in the patient's pathology. As such, the requested MRI of the lumbar spine is not medically necessary or appropriate.

Psychiatric Consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested psychiatric consultation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has previously received extensive psychiatric treatment. The California Medical Treatment Utilization Schedule recommends psychiatric consultations for patients who have chronic pain with psychological deficits that would benefit from psychiatric care; however, the clinical documentation submitted for review does provide evidence that the patient previously received extensive psychological treatment. The current clinical documentation does not provide any objective findings that the patient has had a significant change in her psychological presentation to support an additional psychiatric consultation. As such, the requested psychiatric consultation is not medically necessary or appropriate.

Zolpidem: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested zolpidem is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic pain. Official Disability Guidelines recommend the use of zolpidem for short-term treatment of insomnia. The clinical documentation submitted for review does not provide any evidence that the patient has any sleep hygiene deficits that would require pharmacological management. As such, the requested zolpidem is not medically necessary or appropriate.