MAXIMUS Federal Services

Case Number:	CM13-0036957		
Date Assigned:	12/13/2013	Date of Injury:	09/30/1998
Decision Date:	02/26/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/22/2013

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 Texas and Oklahoma. 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 64-year-old female who reported an injury on 9/30/98. The patient is diagnosed with unspecified disc disorder in the cervical region, chronic pain syndrome, and lumbago. The patient was seen by [redacted] on 9/11/13. The patient reported ongoing neck and shoulder pain with activity limitation. Physical examination revealed a non-antalgic gait, 5/5 strength in the upper extremities with functional range of motion, tenderness to palpation in the cervical spinous processes and muscular region, decreased sensation to light touch in the left lower extremity, and limited lumbar range of motion. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

interdisciplinary evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Page(s): 30-31.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a

particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted, the patient was previously approved for a 3 week HELP program. However, the patient declined. The patient is now willing to undergo the HELP functional restoration program. However, the patient's intentions and motivation to attend and complete a functional restoration program are not clarified. The patient has not sought psychiatric care and has not exhausted conservative treatment with medications. The patient was previously authorized treatment with a psychiatric provider; however, the patient failed to seek treatment. Given the lack of sufficient conservative treatment for chronic pain, as well as outpatient psychiatric care, the medical necessity for the request has not been established. As such, the request for an intensive interdisciplinary evaluation is non-certified.

physical examination: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Page(s): 30-31.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted, the patient was previously approved for a 3 week HELP program. However, the patient declined. The patient is now willing to undergo the HELP functional restoration program. However, the patient's intentions and motivation to attend and complete a functional restoration program are not clarified. The patient has not sought psychiatric care and has not exhausted conservative treatment with medications. The patient was previously authorized treatment with a psychiatric provider; however, the patient failed to seek treatment. Given the lack of sufficient conservative treatment for chronic pain, as well as outpatient psychiatric care, the medical necessity for the request has not been established. As such, the request for a physical examination is non-certified.

physical therapy evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Page(s): 30-31.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted, the patient was previously approved for a 3 week HELP program. However, the patient declined. The patient is now willing to undergo the HELP functional restoration program. However, the patient's intentions and

motivation to attend and complete a functional restoration program are not clarified. The patient has not sought psychiatric care and has not exhausted conservative treatment with medications. The patient was previously authorized treatment with a psychiatric provider; however, the patient failed to seek treatment. Given the lack of sufficient conservative treatment for chronic pain, as well as outpatient psychiatric care, the medical necessity for the request has not been established. As such, the request for a physical therapy evaluation is non-certified.

evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Page(s): 30-31.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted, the patient was previously approved for a 3 week HELP program. However, the patient declined. The patient is now willing to undergo the HELP functional restoration program. However, the patient's intentions and motivation to attend and complete a functional restoration program are not clarified. The patient has not sought psychiatric care and has not exhausted conservative treatment with medications. The patient was previously authorized treatment with a psychiatric provider; however, the patient failed to seek treatment. Given the lack of sufficient conservative treatment for chronic pain, as well as outpatient psychiatric care, the medical necessity for the request has not been established. As such, the request for an evaluation is non-certified.

psychological assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92,Chronic Pain Treatment Guidelines Page(s): 30-31.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical documentation submitted, the patient was previously approved for a 3 week HELP program. However, the patient declined. The patient is now willing to undergo the HELP functional restoration program. However, the patient's intentions and motivation to attend and complete a functional restoration program are not clarified. The patient has not sought psychiatric care and has not exhausted conservative treatment with medications. The patient was previously authorized treatment with a psychiatric provider; however, the patient failed to seek treatment. Given the lack of sufficient conservative treatment for chronic pain, as

well as outpatient psychiatric care, the medical necessity for the request has not been established. As such, the request for a psychological assessment is non-certified.