

Case Number:	CM13-0041620		
Date Assigned:	12/20/2013	Date of Injury:	01/05/2009
Decision Date:	04/22/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/12/2013

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 60 year-old female with an injury date of 01/05/09. Based on the 07/11/13 progress report provided by [REDACTED], the patient's diagnosis include lumbosacral spondylosis, chronic low back pain radiating up and down both legs, bilateral leg pain, and neck pain. The pain interferes with activities of daily living and she has failed physical therapy. The 07/11/13 progress report continues to state that the patient had lumbar spine surgery, however there is no reference to the date the surgery took place. The 11/11/13 progress report by [REDACTED] reports that the patient's current pain level is 8/10, least pain level is 5/10, worst pain level is 9/10, and average monthly pain was 8/10. [REDACTED] is requesting the following: 1) Physical therapy (includes chiropractic, massage therapy) x 6 visits low back 2) Pain psychology follow up visits x 5 The utilization review determination being challenged is dated 09/09/13 and recommends denial of both the physical therapy and the pain psychology follow up. [REDACTED] is the requesting provider, and provided two treatment reports from 07/11/13 and 11/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (INCLUDES CHIROPRACTIC, MASSAGE THERAPY) X 6 VISITS LOW BACK: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

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

Decision rationale: According to the 07/11/13 progress report provided by [REDACTED], the patient presents with lumbosacral spondylosis, chronic low back pain radiating up and down both legs, bilateral leg pain, and neck pain. The request is for 6 visits of physical therapy (includes chiropractic, massage therapy) for the low back. The 07/11/13 progress report also states that the patient had previous physical therapy but failed it. The request was denied by utilization review letter dated 09/09/13. The rationale was that the documentation does not identify specific musculoskeletal deficits that would prevent safe and effective performance of a self-directed home exercise program to support the medical necessity for additional supervised rehabilitation. Based on MTUS pages 8-9, "all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." [REDACTED] did not provide any pain assessments from the patient to show the impact of the therapy. MTUS does not support any treatments that do not show functional improvement. Recommendation is for denial.

PAIN PSYCHOLOGY FOLLOW UP VISITS X5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PAIN OUTCOMES AND ENDPOINTS Page(s): 8. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, , 8

Decision rationale: According to the 07/11/13 progress report provided by [REDACTED], the patient presents with lumbosacral spondylosis, chronic low back pain radiating up and down both legs, bilateral leg pain, and neck pain. The request is for 5 pain psychology follow up visits. The request was denied by utilization review letter dated 09/09/13. The rationale was that "pain psychology consultation is medically necessary; however, follow up visits x 5 is not medically necessary." MTUS guidelines page 8 states, "The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain, or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives." The consultation visit is intended to determine the necessity for a course of treatment, the treatment itself, and the duration. Therefore, without the findings of the consultation in question, there is no justification for a course of treatment, the modality of treatment, or the duration to evaluate against guidelines. In this case, the treater should evaluate the psychologist's report after the completion of the authorized consultation visit, then determine what course of treatment and objectives for that treatment, would best help the patient move toward recovery and functional improvement. Without this information, the subsequent psychological treatment cannot be measured against guidelines. Five visits of pain psychology is not necessary. Recommendation is for denial.

