

Case Number:	CM13-0044168		
Date Assigned:	12/27/2013	Date of Injury:	10/21/2010
Decision Date:	03/10/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 Family Practice, 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 59-year-old female who reported an injury on 10/21/2010. The patient is currently diagnosed with headaches, atypical facial pain and multifactorial sleep impairment. The only medical record submitted for this review is a neurology/pain management permanent and stationary report submitted by [REDACTED] on 02/05/2013. The patient reported neck pain, headaches, intermittent facial pain, bilateral lower extremity pain and sleep impairment. Physical examination revealed 5/5 strength in the bilateral upper extremities, 4/5 hip flexor strength, absent patellar and Achilles deep tendon reflexes bilaterally, decreased sensation in the right ulnar and radial distribution and full range of motion of the cervical and lumbar spine with palpable muscle spasms. It was determined that future medical care included medications, pharmacologic treatment including hypnotic medication, access to pain management and access to a neurologist 2 to 3 times per year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuropsychological evaluation:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation section on Psychological evaluations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pages 89-92.

Decision rationale: The ACOEM Guidelines state that referrals 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 documentation submitted, the patient's pathology was previously evaluated in 08/2012. Documentation of a significant change in the patient's symptoms or physical examination findings was not provided. The medical necessity for a repeat evaluation has not been established. Therefore, the request is not medically necessary and appropriate.

Psychologist referral for evaluation and treatment: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cornerstones of Disability Prevention and Management (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 5) pgs 89-92, and the Chronic Pain Medical Treatment Guidelines pages 100-101.

Decision rationale: ACOEM 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 documentation submitted, the patient was previously evaluated in 08/2012. There is no documentation of a significant change in the patient's symptoms or physical examination findings that would warrant a repeat evaluation. Additionally, there was no current documentation to support any improvement as a result of the previous evaluation. Based on the clinical information received, the request is not medically necessary and appropriate.

Physiotherapy; twelve sessions for the cervical and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation California MTUS Chronic Pain Medical Treatment Guidelines, section on Physical Medicine.

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

Decision rationale: The MTUS Chronic Pain Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. The guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As

per the documentation submitted, the patient's physical examination revealed full range of motion of the cervical and lumbar spines. The medical necessity for the requested service has not been established. Furthermore, the current request for 12 sessions of physical therapy exceeds the guideline recommendations. Based on the clinical information received, the request is not medically necessary and appropriate.

Smell test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Smell and Taste disorders; Diagnosis, <http://www.aetna.com/cpb/medical/data/3003990390.html>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Prevention (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 1)1-5.

Decision rationale: The ACOEM Guidelines state that the practitioner's task in prevention is first to identify the associated or causative workplace and personal factors. The practitioner should then suggest scientifically based selection and screening of personnel and engineering controls as well as treatment and disability management of the immediate health problem. There is no clear documentation of a primary pathology identified to support the need for this procedure. The request is not medically necessary and appropriate.