

Case Number:	CM13-0052097		
Date Assigned:	12/27/2013	Date of Injury:	07/05/2001
Decision Date:	03/17/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	11/15/2013

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 Occupational Medicine 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:

According to the records made available for review, this is a 76-year-old male with a 7/5/01 date of injury. The request is for authorization of six behavioral pain management program visits and 1 house ramp. There is documentation of subjective findings of right leg, right wrist, and left chest pain, as well as moderate to severe depression and anxiety. The objective findings include absence of serratus musculature with tenderness, decreased left shoulder range of motion, decreased right wrist range of motion, a firm and mobile mass on the right wrist, and bruising over the lateral hip with moderate tenderness and slight erythema. The current diagnoses include lower leg joint pain, crushing injury of the lower leg, chest wall pain due to donor site, chronic pain syndrome, and depression with anxiety features. The treatment to date includes physical therapy, orthotics, medications, and one behavioral pain management visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six behavioral pain management program visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. The California MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of diagnoses of lower leg joint pain, crushing injury of the lower leg, chest wall pain due to donor site, chronic pain syndrome, and depression with anxiety features. In addition, there is documentation of one previous behavioral pain management visit. However, the proposed six behavioral pain management program visits exceeds guidelines (for an initial trial). Therefore, based on guidelines and a review of the evidence, the request for six behavioral pain management program visits is not medically necessary.

A house ramp: 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 Medicare Website

Decision rationale: The California MTUS and ODG do not address the issue. Equipments (such as ramps) are not covered by Medicare and are not within the scope of utilization review. Therefore, based on guidelines and a review of the evidence, the request for 1 house ramp is not medically necessary.