

<b>Case Number:</b>	CM14-0001423		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/03/2014

### 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. 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 39-year-old male who reported an injury on 10/23/2012 after she caught a child who jumped off a piece of furniture. The patient reportedly sustained an injury to her low back. Patient's treatment history included physical therapy, aqua therapy, acupuncture, and medications. Patient underwent an agreed medical evaluation for a psychological evaluation. It was determined that the patient did have mild anxiety and depression symptoms related to her industrial injuries and that she would benefit from cognitive behavioral therapy. The patient's most recent clinical evaluation documented that the patient had localize tenderness in the left leg region, increased sensation over the left lateral aspect of the left leg. The patient's diagnoses included left leg peroneal neuropathy, left leg contusion and chronic pain syndrome. The patient's treatment plan included continuation of medications, participation in a home exercise program, continuation of acupuncture treatments, a functional restoration program evaluation and treatment, an additional psychological evaluation and treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Functional Restoration Program (FRP) evaluation and 2 weeks of FRP:** 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 Chronic Pain Programs (Function Restoration Programs) Page(s): 30.

**Decision rationale:** The requested Functional Restoration Program and evaluation and 2 weeks of Functional Restoration Program treatment is not medically necessary or appropriate. California Medical Treatment Utilization Schedule states that inclusion in a multidisciplinary pain management program requires criteria having been met including that an adequate and thorough evaluation has been made including baseline functional testing so followup with the same testing can note functional improvements; the previous methods of treating chronic pain have been unsuccessful with an absence of other likely to result in significant clinical improvement; that the patient has a significant loss of functional independence resulting from chronic pain; that the patient is not a candidate where surgery or other treatments would clearly be warranted; and that the patient exhibits a motivation to change and is willing to forego secondary gains including disability payments to effect this change; and that all negative predictors of success have been addressed. The clinical documentation submitted for review does not provide an adequate baseline assessment support entry into a Functional Restoration Program. Additionally, there is no documentation that the patient has failed to respond to all lesser forms of treatment for chronic pain. Clinical documentation also does not clearly identify if the patient is motivated to participate in a Functional Restoration Program. Therefore, participation in a Functional Restoration Program is not supported. As such, the requested Functional Restoration Program evaluation and 2 weeks of Functional Restoration Program is not medically necessary or appropriate.

**Psych Evaluation:** 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 Evaluations Page(s): 101.

**Decision rationale:** The requested psychological evaluation is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient recently underwent an agreed medical evaluation and did provide specific determinations and testing results. California Medical Treatment Utilization Schedule does recommend psychological evaluation for patients who are not responding to treatment in an appropriate duration of time. The clinical documentation submitted for review does not provide any evidence that the patient has received any psychological treatment or physical medicine that would change the outcome of an additional psychological evaluation. Therefore, the need for an additional psychological evaluation is not clearly evident. As such, the requested psychological evaluation is not medically necessary or appropriate.

**Psych Tx x 15:** 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 Behavioral Interventions Page(s): 23.

**Decision rationale:** The requested psychological treatments times 15 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that an agreed medical evaluation recommended cognitive behavioral therapy for this patient. However, California Medical Treatment Utilization Schedule recommends a 3 to 4 visit clinical trial of cognitive behavioral therapy provide objective functional improvements and subjective functional improvements to support continuation of treatment. The clinical documentation submitted for review does not provide any evidence that the patient has previously participated in any cognitive behavioral therapy. Therefore, requested 15 visits is considered excessive. The clinical documentation submitted for review fails to provide any evidence of exceptional factors that would support extending treatment beyond guideline recommendations. As such, the requested psychological treatment times 15 visits is not medically necessary or appropriate.