

Case Number:	CM14-0006408		
Date Assigned:	02/07/2014	Date of Injury:	01/16/2003
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Neurological Surgery 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 injured worker is a 42-year-old female with an industrial related injury that dates back to January 16, 2003. A diagnosis of chronic low back pain with radicular symptoms is reported. Prior treatment has included pharmacotherapy with non-steroidal anti-inflammatory medications (NSAIDs), muscle relaxants, Lidoderm Patches, and epidural steroid injections. The most recent progress note is dated November 1, 2013 and indicates the injured presents for reevaluation of the right sided carpal tunnel syndrome, chronic upper extremity, and shoulder pain, regional myofascial pain and chronic pain syndrome, with sleep and mood disorder. Back pain is also being treated, for which a different work comp claim is noted. An interim history indicates the injured's back pain was essentially unchanged, and rated 8/10 on the Visual Analogue Scale (VAS). The back was reported to be stiff and tight, particularly when sleeping. The injured's mid is reported to be poor. Sleep is also affected due to pain. The injured has been attending Weight Watchers and has lost seven pounds. She would like to pursue swimming an exercise in the pool at her gym. The record indicates physical therapy programs have been completed and a "minimal home exercise program is mostly just stretches". This record indicates a determination for the pain psychology request has not been provided. There is an authorization for physical therapy sessions in August but was not able to schedule an appointment. A right wrist brace was authorized, but the injured has not yet received it. The injured continues to take medications as prescribed which includes Flexeril, Lidoderm, Flector patch, Neurontin, Lunesta, and Trazodone. The record notes the injured has been authorized for physical therapy, but the facility has not received her paperwork. The injured has been treating with a psychiatrist and taking Xanax twice daily, as well as Trazodone, Lunesta, and Lamictal (all from psychiatrist). A most recent lumbar MRI from February 2013 reveals mild degenerative changes at the L1-2 and a mild disc bulge at L5-S1. The physical examination reveals a normal psychiatric exam, and normal general

appearance, an antalgic and slow gait. The diagnoses noted include lumbar disc displacement, and lumbosacral degenerative disc disease. The treatment recommendation is to wait for authorization of the requested pain psychology, and to wait for authorization of the unused, but authorized, physical therapy sessions. Review of the record indicates injured was provided physical therapy in the remote past. Review of the record also notes a February 2013 request was made for a pain psychology evaluation as well as a physical therapy evaluation for six sessions. A previous request for pain psychology evaluation is noted in March of 2013, recommended for noncertification. Additionally, a prior review for this request for physical therapy, pain psychology evaluation, and five psychological therapy sessions were not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY X6 TO LOW BACK: 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 PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: The Medical Treatment Utilization Schedule supports the use of physical therapy for the management of chronic pain specifically myalgia and radiculitis. It recommends a maximum of ten visits for management of these symptoms. Based on the clinical documentation provided, the claimant has previously been provided physical therapy. The number of visits completed, and the date of the last physical therapy session are not disclosed. The medical record indicates the claimant at the time of the most recent encounter note, had authorized physical therapy; which she had not yet completed. The claimant's response to the previously certified physical therapy is not disclosed. Additionally, the record provides no documentation of an acute flare up of symptoms. As such, the request is not medically necessary and appropriate.

PAIN PSYCHOLOGY 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 Page(s): 101.

Decision rationale: California guidelines support psychological evaluation and treatment for appropriately identified individuals during treatment for chronic pain. However, the medical record provides no diagnosis of depression or anxiety. A brief notation of subjective symptomatology of an effect on mood and sleep is noted. It is also referenced in the medical record that the injured is also undergoing psychiatric care, for which she is currently undergoing

pharmacotherapy that includes Xanax, Trazodone, Lunesta, and Lamictal. When noting the class of some of these medications, there is clearly a psychiatric diagnosis, though the specifics of this diagnosis are not noted, and the claimant's baseline symptomatology are not disclosed. In the absence of additional clinical detail of the diagnosis for which the psychological evaluation is being requested, the request is not medically necessary and appropriate.

PSYCHOLOGICAL THERAPY SESSION 1X5: 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 Page(s): 101.

Decision rationale: California guidelines support psychological evaluation and treatment for appropriately identified individuals during treatment for chronic pain. However, the medical record provides no diagnosis of depression or anxiety. A brief notation of subjective symptomatology of an effect on mood and sleep is noted. It is also referenced in the medical record that the claimant is also undergoing psychiatric care, for which she is currently undergoing pharmacotherapy that includes Xanax, Trazodone, Lunesta, and Lamictal. When noting the class of some of these medications, there is clearly a psychiatric diagnosis, though the specifics of this diagnosis are not noted, and the claimant's baseline symptomatology are not disclosed. In the absence of additional clinical detail of the diagnosis for which the psychological therapy is being requested, the request is not medically necessary and appropriate.