

Case Number:	CM14-0014178		
Date Assigned:	02/26/2014	Date of Injury:	06/02/2009
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/04/2014

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 Internal 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 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 an injured worker with a right ankle condition. The date of injury was 06-02-2009. Initial evaluation dated 03-05-2013 by [REDACTED] provided a psychological report. A note from [REDACTED] on December 8, 2009 states: "The patient states she "stepped onto a curb with my right foot and slipped off the slippery painted edge of the curb. I fell forward onto my knees and hands. I injured my right ankle." [REDACTED] made a referral to psychology. The diagnosis is pain disorder associated with both psychological factors and a general medical condition. The treatment plan is a trial of six psychotherapy sessions based on facilitating her self-regulation of her over-arousal and anxiety ridden state. A request for authorization dated 01-06-2014 by [REDACTED] requested a multidisciplinary evaluation, evaluation by a psychologist, evaluation by a physical therapist, a group conference: 1 evaluation with pain clinic Psychologist, 1 evaluation with pain clinic PT, 1 team treatment planning meeting, 1 team meeting with patient. The utilization review dated 01-13-2014 recommended non-certification of requests for pain clinic psychologist, pain clinic PT, team treatment planning meeting, team meeting with patient. A successful peer-to-peer call occurred on 01/13/14. The patient had received physical therapy and heat treatments without relief and psychotherapy in 2013 without relief. The patient also did home exercise program. Patient stated that she is not willing to participate in the functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE EVALUATION WITH PAIN CLINIC PSYCHOLOGIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PSYCHOLOGICAL EVALUATIONS, 100-101

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Behavioral interventions Page(s): 30-32.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 23) state that behavioral interventions are recommended. See also Multi-disciplinary pain programs. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 30-32) discusses functional restoration programs. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Patients should also be motivated. PR-2 progress report dated 01-06-2014 and 02-21-2014 document that the patient does not want to participate in a functional restoration program. The patient is not motivated to participate in the requested multidisciplinary pain program. Per California MTUS guidelines, functional restoration program is not recommended. The medical records document that previous psychotherapy in 2013 did not provide relief. Therefore, the request for one evaluation with pain clinic psychologist is not medically necessary.

ONE EVALUATION WITH PAIN CLINIC PHYSICAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 114 & 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs), Physical Medicine, Page(s): 30-32, 98-9.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 98-99) presents Physical Therapy (PT) guidelines: Myalgia and myositis 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 30-32) discusses functional restoration programs. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Patients should also be motivated. PR-2 progress report dated 01-06-2014 and 02-21-2014 document that the patient does not want to participate in a functional restoration program. The patient is not motivated to participate in the requested multidisciplinary pain program. Per California MTUS guidelines, functional restoration program is not recommended. The medical records document that previous

physical therapy did not provide relief. Therefore, the request for one evaluation with pain clinic physical therapy is not medically necessary.

ONE TEAM TREATMENT PLANNING MEETING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 114 & 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 30-32) discusses functional restoration programs. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Patients should also be motivated. Medical records document that previous psychotherapy and physical therapy did not provide relief. PR-2 progress report dated 01-06-2014 and 02-21-2014 document that the patient does not want to participate in a functional restoration program. The patient is not motivated to participate in the requested multidisciplinary pain program. Per California MTUS guidelines, functional restoration program is not recommended. Therefore, the request for one team treatment planning meeting is not medically necessary.

ONE TEAM MEETING WITH PATIENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 114 & 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 30-32.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 30-32) discusses functional restoration programs. Also called Multidisciplinary pain programs or Interdisciplinary rehabilitation programs, these pain rehabilitation programs combine multiple treatments, and at the least, include psychological care along with physical therapy & occupational therapy (including an active exercise component as opposed to passive modalities). Patients should also be motivated. Medical records document that previous psychotherapy and physical therapy did not provide relief. PR-2 progress report dated 01-06-2014 and 02-21-2014 document that the patient does not want to participate in a functional restoration program. The patient is not motivated to participate in the requested multidisciplinary pain program. Per California MTUS guidelines, functional restoration program is not recommended. Therefore, the request for one team meeting with patient is not medically necessary.

