MAXIMUS Federal Services

Case Number:	CM14-0151819		
Date Assigned:	09/29/2014	Date of Injury:	07/15/2011
Decision Date:	10/30/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 Physical Medicine and Rehabilitation 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 46-year-old female who reported an injury due to lifting and putting down a piece of equipment on 07/15/2011. On 05/14/2014, she had a psychological examination. She scored 31 on the Beck Depression Inventory, indicating a severe range of subjective depression. She scored 26 on the Beck Anxiety Inventory, indicating a moderate range of subjective anxiety. Her diagnoses included depressive disorder NOS with moderate anxiety. In addition to her depression and anxiety, she was also experiencing insomnia. It was noted that she had no previous psychiatric or psychological treatment. It was deemed that she was in need of aggressive mental health intervention to stabilize her mental disorder. The recommendation was for ongoing weekly cognitive behavioral oriented psychotherapy and consultation with a psychiatrist to develop an efficacious regimen of psychotropic medication to stabilize her depression. On 06/19/2014, her diagnoses included lumbar radiculopathy and recurrent disc herniation at L5-S1, with severe right neural foraminal narrowing. Her complaints included low back pain with right leg numbness rated at 7/10 to 8/10. It was noted that she had an unknown number of chiropractic sessions over an undetermined period of time, which gave her 20% relief of her discomfort. The treatment plan included a request for 8 additional visits of chiropractic treatment and a pain psychological consultation to address her anxiety, depression, and decreased sleep, which she attributed to her persistent pain. There was no Request for Authorization included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight Chiropractic manipulation treatments: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pages 58-60. Page(s): pages 58-60..

Decision rationale: The request for 8 chiropractic manipulation treatments is not medically necessary. The California MTUS Guidelines recommends chiropractic treatment for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. For the lower back, it is recommended as an option. A trial of 6 visits over 2 weeks, with evidence of objective functional improvement is recommended. The request for 8 chiropractic treatments exceeds the recommendations in the guidelines. Additionally, there was no timeframe included in the request. Furthermore, the body part or parts to have been treated were not identified. Therefore, this request for 8 chiropractic manipulation treatments is not medically necessary.

One pain psychology consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits and on the State of Colorado Department of Labor and Employment, 4/27/2007, Chronic Pain Disorder Medical Treatment Guidelines page 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, pages 100-101. Page(s): pages 100-101..

Decision rationale: The request for 1 pain psychology consultation is not medically necessary. The California MTUS Guidelines recommend psychological evaluations. They are generally accepted, well established diagnostic procedures with selected use in pain problems. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury. Psychological evaluations should determine if further psychosocial interventions are indicated. It was noted in the submitted documentation that this worker had a comprhensive psychological evaluation on 05/14/2014, 2 months prior to the request. There was no rationale or justification for a repeat evaluation. Recommendations were made for cognitive behavioral therapy, but there was no indication in the submitted documents that this therapy had ever been initiated. The need for a second psychological consultation was not clearly demonstrated in the submitted documentation. Therefore, this request for 1 pain psychology consultation is not medically necessary.