

Case Number:	CM14-0158029		
Date Assigned:	10/01/2014	Date of Injury:	09/05/2008
Decision Date:	10/28/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/26/2014

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 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 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:

This injured worker is a 43 year old female who developed chronic leg and low back pain subsequent to an accident on 9/05/08. She has been treated with left knee surgery X's 2 and has developed a CRPS syndrome in the left leg. She has also been treated with epidural injections and acupuncture without benefit. She has declined a Spinal Cord Stimulator. She has had psychological counseling since March '14. No changes in disability levels or emotional status are documented. Medications include Neurontin 300mg. BID, Tramadol 50mb BID, and Tizanidine. She has been trialed on various anti-depressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuation with Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines 2nd Edition Page 115 Chapter 6

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress, Cognitive Therapy for Depression; Cognitive Therapy for Stress.

Decision rationale: Guidelines support the reasonable use of psychological support/cognitive therapy for stress and/or depression. ODG Guidelines details what is considered to be appropriate levels of this treatment. Up to 13-20 sessions over 13-20 weeks is considered to be adequate if benefits are demonstrated. This injured worker has had cognitive therapy for the past 6 months and there are no objective measures of improvement. The medical necessity for regular continuation with a psychologist is not medically necessary.

Six Sessions of Physical Therapy Lower Back: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

Decision rationale: MTUS Guidelines recommend up to 8-10 sessions of physical therapy for most chronic painful conditions. For CRPS syndrome up to 24 sessions are Guideline supported. In the records reviewed there is no documentation of the prior amounts or type of physical therapy provided. Due to the medical necessity of increased physical activity a limited amount of therapy is consistent with Guidelines and is medically necessary.

Gym/Pool Membership with Yoga: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301 309.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

Decision rationale: MTUS Guidelines supports the use of Aquatic Exercises if a patient has a condition that is known to produce difficulty with land-based exercises. The diagnosis of CRPS meets these criteria. ODG also specifically supports the use of Yoga for chronic pain management. Both Guidelines point out that these approaches only work with highly motivated individuals and it is not clear yet if this injured worker will be motivated to take advantage of these activities. A limited trial is consistent with Guidelines to demonstrate participation and benefits. A time limited trial of pool access and yoga instruction is medically necessary.