

Case Number:	CM14-0175242		
Date Assigned:	11/10/2014	Date of Injury:	08/01/2013
Decision Date:	12/26/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/23/2014

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 is a 32-year old female patient with a date of injury on 8/1/2013. In a progress noted dated 10/22/2014, the patient complained of burning neck, bilateral shoulder, left wrist, left hand, and low back pain. The pain in all these areas was rated 7/10. Pain was aggravated by motion and prolonged activity. The patient stated that the symptoms persist but the medications did offer her temporary relief of pain and improved her ability to have restful sleep. Objective findings: tenderness to palpation at the suboccipital region and over both scalene and trapezius muscles, tenderness at the deltoid-pectoral groove and at the insertion of the supraspinatus muscle, and tenderness to palpation over the carpal bones. The diagnostic impression showed cervical spine sprain/strain, cervicgia, cervical radiculopathy, bilateral shoulder internal derangement, left wrist/hand tenosynovitis, lumbar spine sprain/strain, and lumbar radiculopathy. Treatment to date: medication management, behavioral modification. A UR decision dated 10/16/2014 denied the request for Follow-Up consult with the provider for Bio-Behavioral Pain Management. The rationale provided regarding the denial was that the patient had not shown any objective improvement from the previous treatments involved with a psychologist and continued to have positive examination findings as well as continued pain. There was no documentation provided describing why the patient should have returned for additional treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up consult with [REDACTED], Bio-behavioral pain management: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 19-23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter-Office Visits

Decision rationale: CA MTUS does not address this issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain, to address psychological and cognitive function, and address co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). In addition, CA MTUS Chronic Pain Medical Treatment Guidelines state that with evidence of objective functional improvement, a total of up to 6-10 visits is appropriate. However, in the documentation provided, the number of bio-behavioral visits, as well as the objective functional improvements obtained from these visits, were not addressed. Furthermore, although a progress report dated 10/22/2014 was provided for review, there were no progress notes located prior to the UR decision dated 10/16/2014. Therefore, the request for Follow-Up consult with the provider for Bio-Behavioral Pain Management was not medically necessary.