MAXIMUS Federal Services

Case Number:	CM14-0181064		
Date Assigned:	11/05/2014	Date of Injury:	05/06/2014
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	10/31/2014

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, has a subspecialty in Interventional Spine 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 a 34 year old female with an injury date of 05/06/14. The 05/29/14 report by [redacted] states that the patient presents with cervical pain, muscle spasms and headache. She is stated to be temporarily totally disabled. Examination reveals generalized severe tenderness over the neck and shoulder girdle with the range of motion of the neck restricted in all directions. The patient's diagnoses include headache, occipital neuralgia; and unspecified concussion, visual processing disorder, vestibular dysfunction. New medications are listed as Cambia and Zanaflex. The utilization review being challenged is dated 10/24/14. Reports were provided from 05/12/14 to 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology Consult and Testing: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, Psychology consult

Decision rationale: The patient presents with cervical pain, muscle spasm and headache. The provider requests for Pain Psychology Consult and Testing. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." The provider does not discuss this request and there are no recent reports with which to evaluate the request. The 10/24/14 utilization review states the date of the provider's request is 10/16/14. The Request for Authorization is not included. The most recent report provided is dated 06/24/14. On 05/29/14 [redacted] states the patient remains symptomatic with chronic, constant headache, neck pain, spasm, cognitive difficulty, imbalance and visual complaints. The 06/24/14 report states the patient's mood and affect is anxious, apprehensive, and tense. The reports show the patient is counseled on pain medications and keeping a pain dairy. The 05/12/14 report states the patient's pain behaviors as grimacing, crying, groaning, moaning, and stiff, guarded limited movements. The provider also states the treatment goal is to increase the patient's ability to self-manage pain and related problems, return to productive activity, and reduce subjective pain intensity. In this case, it appears the patient does suffer from chronic pain, the provider is requesting for opiates, the patient is prescribed other medications and the patient is documented with decreased mood. Therefore, this request is medically necessary.

12 sessions of Physical Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The patient presents with cervical pain, muscle spasm and headache. The provider requests 12 sessions of physical therapy. MTUS pages 98, 99 state that for Myalgia and myositis 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis and radiculitis 8-10 visits are recommended. The provider does not discuss this request and there are no recent reports with which to evaluate the request. The 10/24/14 utilization review states the date of the provider's request is 10/16/14. The Request for Authorization is not included. The most recent report provided is dated 06/24/14. There is no evidence of prior physical therapy for this patient, and there is no indication that the patient is within a post-operative treatment period. In this case; however, the 12 sessions requested exceed what is allowed per MTUS. Therefore, this request is not medically necessary.

Ultram ER 100mg TB24 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-77.

Decision rationale: The patient presents with cervical pain, muscle spasm and headache. The provider requests for Ultram ER 100 mg TB24 #30 (an opioid analgesic). It is unknown how long the patient has been taking this medication. It shows on none of the reports provided. MTUS Criteria for Use of Opioids, pages 76 and 77 includes the following under steps to take before a therapeutic trial of opioids: baseline pain and functional assessment should be made, and a therapeutic trail should not be employed until the patient has failed a trail of non-opioid analgesics. The provider does not discuss this request and there are no recent reports with which to evaluate the request. The 10/24/14 utilization review states the date of the provider's request is 10/16/14 and Ultram appears to be a new prescription. This Request for Authorization is not included. The most recent report provided is dated 06/24/14. In this case, no pain scales are used in the reports provided to establish baseline pain, and there is no evidence of a failed trial of non-opioid analgesics. Therefore, this request is not medically necessary.