

Case Number:	CM14-0036957		
Date Assigned:	06/25/2014	Date of Injury:	07/26/2013
Decision Date:	07/23/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 39-year-old female who reported an injury on 07/26/2013. The mechanism of injury was noted to be twisting while carrying a box up stairs. The injured worker's treatments included epidural steroid injections, physical therapy, acupuncture, and medications including NSAIDS, muscle relaxants, narcotics, and steroids. Her diagnoses were noted to be lumbar radiculopathy. On a clinical evaluation dated 06/02/2014, the injured worker complained of lumbar pain that radiates. She indicated her pain remains unchanged and is progressively worsening. The physical examination revealed significant distal lumbar pain, worsened with hyperextension and flexion. She had bilateral L5 dysesthesias, worse on the right with weakness bilaterally, there was weakness of the dorsiflexors bilaterally, slightly more pronounced on the right. She had non-tender hip and knee range of motion, intact perfusion, and a slightly antalgic right-sided gait. She was able to heel stand but with discomfort. The impression was persistent severe discogenic lumbar pain, with bilateral radiating leg pain and weakness secondary to foraminal stenosis and disc space collapse. The treatment plan was to refill medications of Percocet, tramadol, and Neurontin. The provider's rationale for the requested consult/evaluation psychologist was not provided within this documentation. The provider's request for chiropractic/massage therapy was not provided within this documentation. Request for authorization for medical treatment was dated 12/11/2013 and that was submitted with this documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult/Eval Psychologist (Qty 1): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate a reassessment for long-term users of opioids. If the patient has used opioids for 6 months or more and appears to need a psychological consultation, the guidelines indicate examining motivation, attitude about pain/work, return to work, social life including interpersonal and work related relationships. The clinical evaluation fails to examine the criteria according to the guidelines for long-term users of opioids of 6 months or more. In the physical examination, it is not documented that the injured worker presents with any depressive disorder and it is not indicated in the injured worker's medications that she is being treated for a depressive disorder. Therefore, the request for a consultation/evaluation with psychologist is not medically necessary.

Chiro/Massage Therapy (Qty 12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The recommended initial trial is 6 to 12 visits over a 2 to 4 week period, and at the mid way point, as well as at the end of the trial, there should be a formal assessment whether the treatment is continuing to produce satisfactory clinical gains. If the criteria to support continuing chiropractic care are substantive, measurable functional gains with remaining functional deficits have been achieved; a followup course of treatment may be indicated, consisting of another 4 to 12 visits over a 2 to 4 week period. It is indicated in the treatment plan that it may be beneficial to try to control symptoms with chiropractic care. Guidelines recommend an initial trial of 6 to 12 visits over a 2 to 4 week period. The provider's request is for a quantity of 12 and fails to include duration of time. Therefore, the request for chiropractic/massage therapy is not medically necessary.