

Case Number:	CM14-0054494		
Date Assigned:	07/07/2014	Date of Injury:	05/30/2012
Decision Date:	08/29/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/23/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 66-year-old female was reportedly injured on May 30, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated January 14, 2014, indicates that there are ongoing complaints of headaches, dizziness, and depression. There was a diagnosis of a traumatic head injury with mild concussion, persistent headaches, and vertigo. There was also a diagnosis of depression. Continued psychiatric medication management and supportive psychotherapy was recommended. Diagnostic imaging studies of the brain noted a small meningioma and micro and microangiopathic ischemia. An MRI of the lumbar spine noted disc bulging at L2-L3, L3-L4, and L5-S1 as well as facet joint degeneration. Previous treatment includes psychotherapy and oral medications. A request was made for psychotherapy, and physical therapy for the whole spine and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT (Physical Therapy) 3x6 whole spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: According to the available medical record the injured employee has previously participated in physical therapy for the spine with unknown efficacy. Success of prior physical therapy for the spine should be documented prior to requesting additional sessions. Therefore this request for physical therapy three times a week for six weeks for the entire spine is not medically necessary.

Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101-102.

Decision rationale: A review of the available medical record indicates that the injured employee has not had any previous treatment for her depression with psychiatric medications. Initial treatment should be provided with antidepressant medications prior to considering additional psychological treatment. Furthermore, the injured employee has previously participated in 38 sessions of psychiatric treatment with only documentation of its efficacy to justify additional treatment. Considering this, this request for psychotherapy is not medically necessary.