

Case Number:	CM14-0063321		
Date Assigned:	08/06/2014	Date of Injury:	04/06/2010
Decision Date:	09/16/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/06/2014

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 44-year-old individual was reportedly injured on April 6, 2010. The mechanism of injury was noted as an impaction/contusion type event involving the digits of the right upper extremity. The most recent progress note, dated May 9, 2014, indicated that there were ongoing complaints of right upper extremity pain and that there is a complex regional pain syndrome. The physical examination was not reported, just a request to justify the topical non-steroidal cream. A neuropsychiatric evaluation was completed on March 17, 2014. A follow-up appointment was dated April 7, 2014 noting ongoing complaints of upper from the pain. A Ketamine infusion has been completed. The physical examination noted a diminished range of motion of the digits of the hand. Diagnostic studies reported moderate to severe levels of depression and anxiety. Previous treatment included oral medications, topical preparations, aquatic therapy, and other pain management interventions. A request had been made for a 10 weeks rehabilitation protocol and was not certified in the pre-authorization process on June 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Psychological Consult: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Functional Restoration Programs.

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

Decision rationale: When noting the reported mechanism of injury, the date of injury, the injury sustained, the numerous interventions completed, to include a partial restoration program that was multidisciplinary in nature, the clinical indication for additional psychiatric care has not been established. While noted in the MTUS guidelines support psychological treatment for chronic pain with comorbid mood disorders, there needs to be some objectification of the efficacy of intervention. Seeing none, the medical necessity cannot be established. Therefore the request is not medically necessary.

10 Sessions of Intense Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 98, 99 of 127.

Decision rationale: As noted in the MTUS, physical therapy modalities can be employed in the chronic pain phase. However, when noting the physical therapy order completed, and by the functional restoration protocol completed, and the current findings on physical examination, there is no clear clinical indication presented as to why additional physical therapy would be necessary at this time. Therefore, based on the parameters noted in the MTUS and by the physical examination findings currently reported, there is no clear clinical indication or medical necessity for additional physical therapy. Therefore the request is not medically necessary.

10 Sessions Neurobiofeedback Visit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99 of 127.

Decision rationale: As noted in the MTUS, physical therapy modalities can be employed in chronic pain phase. However, when noting the physical therapy already completed, and by the functional restoration protocol completed, and the current findings on physical examination, there is no clear clinical indication presented as to why additional neurological biofeedback would be necessary at this time. Therefore, based on the parameters noted in the MTUS, and by the physical examination findings currently reported, there is no clear clinical indication or medical necessity for additional modalities. Therefore the request is not medically necessary.

5-10 Weeks Rehabilitation Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Program. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Functional Restoration Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Programs Page(s): 30-34.

Decision rationale: As outlined in the progress notes from one of the treating providers, the individual has completed a comprehensive interdisciplinary rehabilitation program. In addition, a numerous of Ketamine infusions have been completed. Therefore, when noting the parameters outlined in the MTUS, it is not clear what program is being referred to, what successful outcomes they have established, and why a repeat rehabilitation protocol is necessary. Therefore, the medical necessity of this request has not been established. Therefore the request is not medically necessary.

Unlimited Office Visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Functional Restoration Programs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78 of 127.

Decision rationale: As outlined in the MTUS, there are parameters by which follow-up office visits would be clinically indicated. However, each additional determination or assessment is to be based on competent clinical rational thought. A carte blanche request such as this does not present any medical data and cannot be supported. Therefore the request is not medically necessary.