

Case Number:	CM14-0067472		
Date Assigned:	07/11/2014	Date of Injury:	01/19/2005
Decision Date:	09/18/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 38 year old female whose date of injury is 01/19/2005. The mechanism of injury is described as trying to remove a child who was having a tantrum out of a classroom. Treatment to date includes individual psychotherapy and Botox injections. Progress note dated 04/02/14 indicates that the injured worker was hospitalized for atrial fibrillation twice the previous month. Neck and left trapezius/shoulder pain is noted to be worse. Progress report dated 04/21/14 indicates that she has not received Botox injections for approximately 8 months (08/2013). Diagnoses are chronic pain state with left upper extremity radicular symptoms, anxiety/depression, dyspepsia, atrial fibrillation bouts and obesity status post bariatric surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Psychotherapy twice monthly (5 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: Based on the clinical information provided, the request for Outpatient Psychotherapy twice monthly (5 sessions) is not recommended as medically necessary. Prior review dated 05/02/14 authorized 3 additional sessions, and noted that any additional treatment should be based on a detailed treatment plan including goals and progress made in treatment including functional benefit. . The submitted records indicate that the injured worker has not been doing well in individual psychotherapy. She continues to be tearful and in significant pain. There is no documentation of significant functional improvement with psychotherapy completed to date. California Medical Treatment Utilization Schedule supports ongoing treatment only with evidence of objective functional improvement. Therefore, this request is not medically necessary.

Gym Membership One Year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter 5221.6600, Health Clubs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation) Low Back Chapter, Gym memberships.

Decision rationale: Based on the clinical information provided, the request for gym membership one year is not recommended as medically necessary. The submitted records fail to document that a home exercise program has failed or that there is a need for equipment as required by the Official Disability Guidelines. Additionally, the Official Disability Guidelines generally do not recommend gym memberships as there is a lack of information flow back to the provider, and there may be risk of further injury to the injured worker. Therefore, this request is not medically necessary.

Botox Injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25, 26.

Decision rationale: Based on the clinical information provided, the request for Botox Injections is not recommended as medically necessary. The number of injections to be performed is not documented. California Medical Treatment Utilization Schedule (CA MTUS) guidelines note that Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The submitted records fail to document the presence of cervical dystonia. There is no current, detailed physical examination submitted for review. Therefore, medical necessity is not established for the requested Botox Injections in accordance with CA MTUS guidelines. Therefore this request is not medically necessary.