

Case Number:	CM14-0077440		
Date Assigned:	07/18/2014	Date of Injury:	10/12/2011
Decision Date:	10/15/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/28/2014

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 42 year old gentleman was reportedly injured on October 12, 2011. The most recent progress note, dated April 18, 2014, indicated that there were ongoing complaints of mid back pain, low back pain, and left shoulder pain. The physical examination demonstrated tenderness along the thoracic and lumbar spine paraspinal muscles with spasms, positive Kemp's test and Yeoman's test bilaterally and a positive right sided straight leg raise test, shoulders indicated spasms and tenderness of the left shoulder muscles and left upper trapezius, positive left sided Speed's test and supraspinatus test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request was made for psychosocial factors screening and a follow up visit with range of motion measurements and activities of daily living and was not certified in the preauthorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychosocial Factors Screening: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 100-102 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support psychological evaluations for chronic pain to help determine if further psychosocial interventions are indicated to allow for more effective rehabilitation. Review of the available medical records fails to document a reason to refer the injured employee for a psychological evaluation. Furthermore, there is no documentation of a diagnosis of mental illness. As such, this request psychosocial factors screening is not considered medically necessary.

Follow up visit with Range of Motion Measurement and ADL's: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary last updated 04/10/2014

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back - Lumbar and Thoracic, Flexibility, Updated August 22, 2014.

Decision rationale: The Official Disability Guidelines (ODG) indicate that range of motion measurements and flexibility are not recommended as primary criteria. It is stated that the relation between lumbar spine range of motion measures and functional ability is weak or nonexistent. As such, this request for a follow up visit with range of motion measurements and activities of daily living is not medically necessary.