

Case Number:	CM14-0078228		
Date Assigned:	07/18/2014	Date of Injury:	04/21/2009
Decision Date:	09/24/2014	UR Denial Date:	05/22/2014
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 Occupational Medicine and is licensed to practice in California. 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:

Patient is a 35 year-old male with date of injury 04/21/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/14/2014, lists subjective complaints as pain in the low back and abdominal pain. Objective findings: Examination of the abdomen revealed tenderness for midline abdominal and RUQ scar. Also tenderness noted at LLQ with deep palpation. Bowel sounds were diminished. Examination of the lumbar spine revealed antalgic gait favoring the right and bilaterally negative lumbosacral spine slump test. Diagnosis: 1. Chronic pain syndrome 2. Adhesion of abdominal wall 3. Gunshot wound 4. Major depressive disorder 5. Anxiety. The provider has submitted a follow-up note dated 06/11/2014 addressing much of the lacking documentation in the initial request for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture two times a week for three weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS states that initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The provider has requested 6 treatments which is in accordance with the MTUS. I am reversing the prior utilization review decision.

Psychology Sessions once a week for six weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Behavioral interventions.

Decision rationale: In regard to the number of initial visits, the Official Disability Guidelines state that Cognitive Behavioral Therapy (CBT) for chronic pain should begin with an initial trial of 3-4 psychotherapy visits over 2 weeks. The provider has requested a number of visits that exceeds the limit set by the ODG.

Massage Therapy/Myofascial Physical Therapy two times a week for three weeks:
Overturned

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): 56-60.

Decision rationale: The requesting physician has supplied the additional documentation required. The physical therapy ordered is a nonsurgical attempt to release the myofascial component of adhesions felt to be caused by the patient's recent abdominal surgery. I am reversing the previous utilization review decision.