

Case Number:	CM14-0210273		
Date Assigned:	12/18/2014	Date of Injury:	08/18/2000
Decision Date:	02/13/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal 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:

The injured worker (IW) is a 49-year-old man with a date of injury of August 18, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are status post left hip replacement; cervical post laminotomy pain syndrome with refractory right cervical radiculitis and upper extremity allodynia; L5-S1 spondylosis with bilateral lumbar radicular pain, improved following epidural; and major depressive disorder. Pursuant to the office initial office visit note by the orthopedic surgeon dated November 5, 2014, the IW complains of pain in his neck and arms. Prior treatments that have made improvements in the symptoms have included physical therapy (PT) and medications. The total number of prior PT was not documented. Evidence of objective functional improvement associated with prior PT was no documented. There were no PT notes in the medical record. According to an office visit note from the treating physician dated October 30, 2014, there were no subjective complains documented. The physical examination was unremarkable. The provider reports the IW has normal range of motion, normal strength, no tenderness, no swelling, no deformity, normal gait, and straight leg raise test was negative bilaterally. The treating physician is recommending a rehab program to include PT and OT. He is also recommending pain psychology. The IW is currently taking Gabapentin, and Vicodin as needed which he was instructed to continue. There is an entry by the treating physician that the IW remains under the care of a psychiatrist for major depressive disorder. There were no notes from the treating psychiatrist in the medical record available for review. The current request is for a physical therapy evaluation, occupational therapy evaluation, and a pain psychology evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation Only: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy evaluation only is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnosis is stenosis versus sacral fracture. The documentation from a November 5, 2014 progress note indicates the injured worker made improvements in his symptoms as a result of physical therapy. The documentation does not contain evidence of objective functional improvement, frequency of physical therapy, total number of physical therapy sessions and duration of physical therapy. In a progress note dated October 30, 2014, the physical examination was unremarkable with full range of motion. The guidelines require exceptional factors be noted when the number of physical therapy visits (requested) exceeds the guidelines. There are no exceptional factors noted in the medical record (November 5, 2014 progress note. Consequently, physical therapy evaluation is not medically necessary.

Occupational Therapy Consult/Treat x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Physical Medicine.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, occupational therapy evaluation only is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guidelines, exceptional factors should be noted. In this case, the injured worker's working diagnosis is stenosis versus sacral fracture. The documentation from a November 5, 2014 progress note indicates the injured worker made improvements in his symptoms as a result of physical therapy. In a progress note

dated October 30, 2014 the physical examination was unremarkable with full range of motion. The documentation does not contain evidence of objective functional improvement, frequency of physical therapy, total number of physical therapy sessions and duration of physical therapy. The guidelines require exceptional factors be noted when the number of physical therapy visits (requested) exceeds the guidelines. There are no exceptional factors noted in the medical record (November 5, 2014 progress note. Consequently, occupational therapy evaluation is not medically necessary.

Pain Psychology Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-101.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations, Chapter 7, Page 127. Official Disability Guidelines (ODG); Pain Section, Office Visits.

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, pain psychology evaluation is not medically necessary. The need for clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. Consultation with a specialist is designed to aid in the diagnosis, prognosis and therapy. In this case, the injured worker's working diagnosis is stenosis versus sacral fracture. The documentation pursuant to a September 19, 2014 progress note indicates the injured worker is followed by a psychiatrist for major depression. The documentation does not show any exacerbations or worsening his underlying psychiatric condition(s). The medical record did not contain any documentation from any psychiatrists or psychologists. Additionally, the record does not contain any psychological complaints aggravated by the current injury that caused additional functional limitations and deficits. Consequently absent clinical documentation to support ongoing psychiatric care, pain psychology evaluation is not meant to be necessary.