

Case Number:	CM14-0060374		
Date Assigned:	07/09/2014	Date of Injury:	03/29/2011
Decision Date:	03/06/2015	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/01/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female who suffered a work related injury on 03/29/2011. Diagnoses include lumbar strain herniated lumbar disc with radiculitis, coccydynia, and symptoms of anxiety and depression. A physician progress note dated 03/14/2014 documents the injured worker complains of continued pain in the lower back and symptoms of the legs, and complains of anxiety and stress. The lumbar spine range of motion is restricted with pain. There is tightness and spasm in the lumbar paraspinal musculature. The request is for physical therapy three times a week for 6 weeks and follow-up with psychological treatment due to stress and anxiety. On 4/28/2014 Utilization Review non-certified the request for continued physical therapy three times 6 weeks citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Chronic Pain Treatment Guidelines, and Official Disability Guidelines. ODG recommends 10 physical therapy sessions for medical treatment of intervertebral disc disorders without myelopathy. It is noted that the claimant had physical therapy previously; however, the total number of sessions is unknown, and the response to prior care is not discussed. Additionally there is no mention of any recent flare-up event that will justify return to supervised care. Utilization Review non-certified the request for follow up psychological treatment citing California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) Chronic Pain Treatment Guidelines-Psychological Evaluations. Psychological evaluations are generally accepted, well-established diagnostic procedure not only with selected use in pain problems, but also with more widespread use in chronic pain populations. In this

case, the claimant does have complaints of stress and anxiety, but there is limited documentation of how it is related to the pain or how it affects the claimant's function. The request is for psychology follow-up, but no prior psychology report has been submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy times 18 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low Back Procedure Summary

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Low Back Chapter, Physical Therapy Guidelines

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. Furthermore, in terms of number of sessions of physical therapy, the guidelines specify for 10 visits for this workers diagnosis. For Lumbar sprains and strains (ICD9 847.2) or radiculitis, 10-12 visits are recommended by the Official Disability Guidelines. For myalgia, 10 visits are suggested by the MTUS. Therefore additional physical therapy of 18 visits is not medically necessary.

Psychology follow up: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychology Evaluations Page(s): 100-102. Decision based on Non-MTUS Citation Chronic Pain Chapter, Behavior Interventions

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are

recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there is a progress note from date of service March 14, 2014 which specifies for the patient to follow-up with psychological treatment due to stress and anxiety. The subjective portion of this note indicates that the patient complains of stress and anxiety. However, there is no documentation of what effect previous psychological intervention has had upon this patient. The guidelines specifically request an initial trial. With evidence of functional improvement, there can be additional sessions warranted per the ODG. In the absence of clarity regarding specific improvement from past therapy, the currently requested psychological evaluation is not medically necessary.