

Case Number:	CM15-0003628		
Date Assigned:	01/14/2015	Date of Injury:	11/06/2012
Decision Date:	03/11/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/07/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55 year old female, who sustained a work/ industrial injury on 11/6/12 when she slipped on a wet floor while washing a large set of bottles. She fell backwards and suffered a head trauma. She has reported symptoms of chronic neck pain with right upper extremity radiation, chronic lower back pain and bilateral lower extremity radiation. The physical examination revealed normal range of motion of the cervical spine and lumbar spine, palpable tenderness of the cervical and lumbar spine muscles overlaying the facets, positive supine straight leg raise. The diagnoses have included post concussion syndrome, chronic pain, and cervical and lumbosacral radiculitis. Past medical history included gastroesophageal reflux disease (GERD), depression, and insomnia. Treatment have included conservative care, physical therapy, chiropractic care, medication. On 12/11/14, the physician requested eight sessions of physical therapy directed towards the low back and additionally eight sessions directed toward the neck. A request was also requested for a neuropsychology evaluation due to demonstrating cognitive impairment following her head trauma and post concussive headache as well as anxiety and fear of movement related to her pain. On 12/29/14, Utilization Review non-certified Physical Therapy x 8 to the neck and Psychology Eval and Testing, citing the Medical treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 to the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker sustained a work related injury on 11/6/12. The medical records provided indicate the diagnosis of post concussion syndrome, chronic pain, and cervical and lumbosacral radiculitis. Past medical history included gastroesophageal reflux disease (GERD), depression, and insomnia. Treatments have included conservative care, physical therapy, chiropractic care, medication. The medical records provided for review do indicate a medical necessity for Physical therapy x 8 to the neck. The record indicates she has had 25 sessions of physical therapy, she has normal range of motion of the neck. The MTUS allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The Specific recommendations are as follows: Myalgia and myositis, unspecified: 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified: 8-10 visits over 4 weeks. Therefore, the requested treatment is not medically necessary and appropriate. At this stage she is expected to continue with home exercise program.

Psychology evaluation and testing: Upheld

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 Stress-related Conditions. Page(s): 398.

Decision rationale: The injured worker sustained a work related injury on 11/6/12. The medical records provided indicate the diagnosis of post concussion syndrome, chronic pain, and cervical and lumbosacral radiculitis. Past medical history included gastroesophageal reflux disease (GERD), depression, and insomnia. Treatment have included conservative care, physical therapy, chiropractic care, medication. The medical records provided for review do indicate a medical necessity for Psychology evaluation and testing. The records indicate she has been referred to a neuropsychologist, but the outcome is not yet known. The MTUS recommends referral to a psychologist or other mental health professional. A neuropsychologist is a mental health professional; therefore, since the injured worker has already been referred to a neuropsychologist, a separate referral to a psychologist is not medically necessary and appropriate.