

Case Number:	CM15-0106379		
Date Assigned:	06/10/2015	Date of Injury:	04/18/2014
Decision Date:	07/16/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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, New York, California

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 applicant is a represented 40-year-old who has filed a claim for chronic neck, low back, and shoulder pain with derivative complaints of psychological stress reportedly associated with an industrial injury of April 18, 2014. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve requests for an unspecified amount of aquatic therapy and a psychiatry referral. The claims administrator referenced a May 7, 2015 RFA form in its determination. Non-MTUS Chapter 7 ACOEM Guidelines were invoked to deny the psychiatry referral and, furthermore, mislabeled as originating from MTUS. Progress notes and RFA forms of May 4, 2015 and March 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 23, 2015, the applicant was placed off of work, on total temporary disability. Aquatic therapy was endorsed. Ongoing complaints of neck, shoulder, and low back pain were reported, 8/10. The note was handwritten, difficult to follow, and not altogether legible. The applicant's gait was not clearly described or characterized. In a February 9, 2015 progress note, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck and low back pain. Physical therapy was endorsed. Tramadol, naproxen, Mentherm, Prilosec, and Flexeril were prescribed and/or continued. It was stated that the applicant had received approximately 15 prior sessions of physical therapy and unspecified amounts of manipulative therapy. It was acknowledged that the applicant was not working and had not worked in some time. The applicant exhibited a normal gait on this date, it was reported. In a handwritten note dated May 4, 2015, the attending provider suggested that the applicant continue on specified medications while remaining off of work, on total temporary disability. Neck, pain, shoulder pain, and low back pain were reported. The applicant was asked to consult a psychiatrist to address alleged issues with stress.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aqua Therapy, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

Decision rationale: No, the request for an unknown amount of aquatic therapy was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weight bearing is desirable, here, however, it did not appear that reduced weight bearing was, in fact, desirable. The applicant's gait was not clearly characterized on the May 4, 2015 progress note at issue. The applicant was, however, described as exhibiting an entirely normal gait on an earlier note dated February 9, 2015. It did not appear, in short, that the applicant was a candidate for aquatic therapy. Therefore, the request was not medically necessary.

Psychiatrist consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, pg 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: Conversely, the request for a psychiatry consultation was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose mental health constraints persist beyond three months and/or become disabling. Here, the applicant was off of work, on total temporary disability, as of the May 4, 2015 progress note in question. The applicant did have admittedly ill-characterized issues with psychological stress evident on that date. Obtaining the added expertise of a psychiatrist was, thus, indicated, to address the applicant's mental health constraints. Therefore, the request was medically necessary.