

Case Number:	CM15-0019382		
Date Assigned:	02/09/2015	Date of Injury:	02/07/2008
Decision Date:	04/03/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/03/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old female who reported an injury on 02/07/2008. The mechanism of injury was trauma which occurred when a portable chalkboard fell onto her. She is diagnosed with cervical spine pain, multilevel cervical disc degeneration, and major depression. Her past treatments have included physical therapy, acupuncture, medications, epidural steroid injection, massage, home exercise, cognitive behavioral therapy, participation in a Functional Restoration Program, and multiple cervical spine surgeries including fusion. On 01/20/2015, the injured worker was seen for follow-up for multiple concerns. It was noted that she continued to have pain over the cervical spine and was concerned about her throat. Her medications included Norco and Robaxin. Physical examination findings were not provided. It was noted that she would follow-up with her spine surgeon for x-rays, she would continue medication management, and she would continue to consult with a psychiatrist/psychologist. Requests were received for psychiatric treatment once a week for 1 month, then monthly for 6 weeks, as well as a Functional Capacity Evaluation. However, rationale for these requests was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity examination: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30 - 32.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

Decision rationale: According to the Official Disability Guidelines, a Functional Capacity Evaluation is recommended prior to a work hardening program. These evaluations may also be indicated when a worker is actively participating in determining the suitability of a particular job or when case management is hampered by complex issues, or the patient is close to or at maximum medical improvement. The clinical information submitted for review indicated the injured worker had recently completed a Functional Restoration Program. However, there was no documentation indicating that the work hardening program was being considered. The documentation also did not indicate that the injured worker was actively participating in determining suitability of a particular job or whether there was a plan for return to work at this time. The 01/20/2015 clinical note also did not include physical examination findings to determine whether the injured worker has functional deficits at this time. For these reasons and in the absence of a clear rationale for this request, a Functional Capacity Evaluation is not supported. As such, the request is not medically necessary.

Psychiatric treatment, monthly, quantity of six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100 - 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, cognitive behavioral therapy may be recommend for patients with chronic pain and fear avoidance beliefs who have failed physical therapy alone. When indicated, treatment is recommended as an initial trial of 3 to 4 visits. With evidence of objective improvement following the initial trial, a total of up to 10 visits may be recommended. The clinical information submitted for review indicated that the patient had been seeing a psychiatrist/psychologist. However, details regarding these consultations and treatments were not provided. Therefore, it is unclear how many previous cognitive behavioral therapy sessions and/or consultations the injured worker has participated in to date and whether there has been improvement. A Functional Restoration Program note indicated that the injured worker does have psychosocial sequelae to include anxiety, fear avoidance, depression, and sleep disorders. Therefore, psychiatric treatment may be warranted. However, in the absence of details regarding her previous treatment, the need for additional psychiatric treatment cannot be established. In addition, monthly visits for quantity of 6 would not allow for accurate re-evaluation to determine the need for continuing treatment. For these reasons, the request is not medically necessary.

