

Case Number:	CM15-0141735		
Date Assigned:	07/31/2015	Date of Injury:	02/10/2014
Decision Date:	09/04/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/22/2015

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, Hawaii

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 34 year old male, who sustained an industrial injury on February 10, 2014. The injured worker reported head and neck injury due to trauma. The injured worker was diagnosed as having cervical, thoracic and lumbar sprain with muscle spasm. Treatment to date has included magnetic resonance imaging (MRI) studies, x-rays, physical therapy and medication. A progress note dated May 21, 2015 provides the injured worker complains of left trapezius pain radiating to the neck and head. Physical exam notes decreased cervical range of motion (ROM) with twitching on palpation of the cervical paraspinal area. There is a request for chiropractic treatment, physical therapy and 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 for chronic pain program: Overturned

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 Functional Restoration Programs Page(s): 30-33, 49.

Decision rationale: The patient presents with diagnoses include cervical, thoracic and lumbar sprain with muscle spasm. The patient currently complains of left trapezius pain radiating to the neck and head. The current request is for Physical therapy evaluation for chronic pain program. The treating physician states in the 5/21/15 (13B) treating report "move forward with a multidisciplinary approach in the form of a functional restoration program." MTUS Guidelines recommend functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. In this case, the treating physician is requesting an IMR for a treatment program that since the time of the initial UR denial has since been reversed and approved by UR on 7/8/15 (20B). Additionally, on 7/17/15 (16B) UR certified a 2-week functional restoration program. Thus, the clinical history demonstrates adequate and thorough evaluation has been made. An evaluation, while not included in the clinical history, must have taken place and addressed certain issues like motivation to change or negative predictor to success, before treatment is recommended. The current request is medically necessary.

Pain Psychology evaluation for consideration of Functional restoration program:
Overturned

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 Functional Restoration Programs Page(s): 30-33, 49.

Decision rationale: The patient presents with diagnoses include cervical, thoracic and lumbar sprain with muscle spasm. The patient currently complains of left trapezius pain radiating to the neck and head. The current request is for Pain Psychology evaluation for consideration of functional restoration program. The treating physician states in the 5/21/15 (13B) treating report, "move forward with a multidisciplinary approach in the form of a functional restoration program." MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. In this case, the treating physician is requesting an IMR for a treatment program that since the time of the initial UR denial has since been reversed and approved by UR on 7/8/15 (20B). Additionally, on 7/17/15 (16B) UR certified a 2-week functional restoration program. Thus, the clinical history demonstrates adequate and thorough evaluation has been made. An evaluation, while not included in the clinical history, must have taken place and addressed certain issues like motivation to change or negative predictor to success, before treatment is recommended. The current request is medically necessary.