

Case Number:	CM15-0149190		
Date Assigned:	08/12/2015	Date of Injury:	10/15/2010
Decision Date:	09/09/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/31/2015

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: 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 57 year old male with an industrial injury dated 10-15-2010. The injured worker's diagnoses include right knee degenerative joint disease, lumbar spine herniated nucleus pulposus, and cervical spine herniated nucleus pulposus. Treatment consisted of Magnetic Resonance Imaging (MRI) of the lumbar spine and cervical spine, home exercise therapy and periodic follow up visits. In a progress note dated 07-07-2015, the injured worker reported continued neck pain with decreased range of motion, lower back pain with numbness and weakness in left lower extremity, right knee pain and depression due to pain. Objective findings revealed positive Spurling's test, decreased range of motion, positive spasm, and decreased sensation in the right C6 dermatome. Right knee exam revealed tenderness and effusion. Lumbar spine exam revealed positive lumbar spasms, decreased sensation in the right L5-S1 region and radiculopathy. The treatment plan consisted of acupuncture, psych consult and physical therapy. The treating physician prescribed services for physical therapy for the lumbar spine, twice weekly for six weeks and consult with psych for depression, now under review. Prior treatment has included extensive physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbar spine, twice weekly for six weeks: 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: MTUS Guidelines recommends that up to 10 sessions of supervised physical therapy is adequate for chronic musculoskeletal conditions. This individual has had prior extensive physical therapy without documented gains in long term pain relief and function. A couple of sessions to renew instruction in an appropriate home program may be reasonable, but there are no unusual circumstances to justify greatly exceeding Guideline recommendations. The Physical therapy for the lumbar spine, twice weekly for six weeks is not supported by Guidelines and is not medically necessary.

Consult with Psych for depression: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101, 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental/Cognitive Therapy-Depression.

Decision rationale: MTUS Guidelines supports Psychological treatment for individuals with depression or anxiety associated with chronic pain. ODG Guidelines provide standards of what is considered a reasonable amount of care. This does not automatically equate with causation, but treatment of mental health issues are an integral part of chronic pain treatment per Guideline recommendations. The records reviewed do not document any prior treatment for depression. Under these circumstances, the Consult with Psych for Depression is supported by Guidelines and is medically necessary.