

Case Number:	CM15-0162334		
Date Assigned:	08/28/2015	Date of Injury:	05/02/2014
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/18/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on May 2, 2014. He reported left back, left hip and buttock pain. Treatment to date has included medications, chiropractic care, lumbar epidural steroid injections (self-pay), MRI, electrodiagnostic studies, left ischial bursa injection, H-wave unit, TENS unit and home exercise program. Currently, the injured worker complains of low back and left hip pain. The injured worker is currently diagnosed with lumbar-lumbosacral disc degeneration. His work status is modified duty. A progress note dated August 5, 2015, states the injured worker experienced pain relief from 8 on 10 to 7 on 10 from his pain medication and they are working well for him. The note also states the lumbar epidural steroid injection did not offer any significant relief. The note further states, the injured worker experienced significant pain relief and improved sleep from physical therapy, and chiropractic care was successful in alleviating his back pain. The H-wave provides pain relief that the TENS unit was unable to provide, per note dated August 5, 2015. The following; physical therapy (12 sessions) to decrease pain and improve mobility and function, chiropractic care (6 sessions) to decrease pain and improve mobility and function and a referral to a pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training are requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy visits: Upheld

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

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

Decision rationale: 12 physical therapy visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition with a transition to an independent home exercise program. The request exceeds this recommended number of PT visits. The documentation indicates that the patient has had prior PT but there is no evidence of functional improvement from prior PT or why the patient is not versed in a home exercise program. There are no extenuating factors which would necessitate 12 more supervised therapy visits. The request does not specify a body part for the therapy. For all of these reasons this request is not medically necessary.

6 chiropractic therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: 6 chiropractic therapy visits is not medically necessary per the MTUS Guidelines. The MTUS recommends a trial of 6 visits of manual medicine for the low back over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. The documentation does not reveal evidence of functional improvement from prior chiropractic therapy visits therefore additional chiropractic treatment is not medically necessary.

1 referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain coping skills training: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Office visits.

Decision rationale: 1 referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain coping skills training is not medically necessary per the MTUS ACOEM and the ODG guidelines. The MTUS states that a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining

information or agreement to a treatment plan. The ODG states that the need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The documentation indicates that the patient has already had an evaluation in Sept. 2014 by a psychologist who recommended cognitive behavioral therapy and therefore this request is not medically necessary.