

Case Number:	CM15-0162672		
Date Assigned:	08/31/2015	Date of Injury:	05/07/2014
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/19/2015

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 31-year-old female, who sustained an industrial injury on May 7, 2014. She reported injury to her head, neck and back. The injured worker was currently diagnosed as having post concussion syndrome and lumbar radiculopathy. Treatment to date has included diagnostic studies, heat application, ice, physical therapy, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. Physical therapy (up to 17 sessions) and TENS unit were noted to help. On July 23, 2015, the injured worker complained of severe headaches. Her headache pain was rated a 9 on a 1-10 pain scale. She reported going to the emergency room due to severity of pain. Valium medication was noted to give her a little relief of pain. The treatment plan included continuing physical therapy for cervical and lumbar spine, right-sided transforaminal epidural steroid injection, medication and a follow-up visit. A request was made for twelve sessions of continued physical therapy, twelve sessions of cognitive behavioral therapy and a lumbar epidural steroid injection. No dermatomal radiculopathy is demonstrated that correlates with MRI findings. A psychological consult was recently authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued physical therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

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

Decision rationale: MTUS Guidelines recommend that up to 10 sessions of guided therapy are adequate for chronic musculoskeletal problems. After this amount of treatment, there is a reasonable expectation of personal responsibility with a home exercise program and appropriate activity levels. This individual is reported to have completed 17 sessions of therapy, which should be adequate for this individual's condition. There are no unusual circumstances to justify the requested amount of additional therapy, which significantly exceeds what Guideline is recommended. The request for continued physical therapy Qty: 12 is not supported by Guidelines and is not medically necessary.

Cognitive behavioral therapy Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines-Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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) Mental and Stress/Cognitive Therapy for General Stress.

Decision rationale: Guidelines are very supportive of psychological intervention for chronic pain disorders and a psychological evaluation has been authorized. However, the Guidelines recommend a trial of therapy (generally considered up to 6 sessions) to demonstrate benefits before a full course of therapy is Guideline supported. The request for 12 sessions of cognitive therapy before the initial consultation and trial is not consistent with Guidelines. At this point in time, the Cognitive behavioral therapy Qty: 12 is not medically necessary.

Lumbar epidural steroid injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines epidural steroid injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Injections Page(s): 46.

Decision rationale: MTUS Guidelines are very specific regarding the medical standards to support epidural injections. These standards include the necessary presence of a dermatomal radiculopathy that correlates with MRI findings. This standard has not been met. No dermatomal neurologic dysfunction is described let alone any dysfunction that correlates with MRI findings that are questionably consistent with any neurological dysfunction. Under these circumstances, the request for the lumbar epidural injection is not supported by Guidelines and there are no unusual circumstances to justify an exception to Guidelines. The lumbar

epidural steroid injection is not medically necessary.