

Case Number:	CM15-0167775		
Date Assigned:	09/14/2015	Date of Injury:	09/11/2011
Decision Date:	10/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/26/2015

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: Pennsylvania, Ohio, 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 33-year-old female, who sustained an industrial-work injury on 9-11-11. She reported initial complaints of back pain. The injured worker was diagnosed as having DDD (degenerative disc disease) of lumbar and thoracolumbar spine, lumbar radiculopathy, myofascial muscle pain, disc displacement of thoracic spine, and pain disorder with psychological physical factors. Treatment to date has included medication and diagnostics. Currently, the injured worker complains of recurrent pain in lower back area that waxed and waned. Best pain was 6 out of 10 and worst pain was 10 out of 10 with acceptable level at 2-3 out of 10. Per the primary physician's progress report (PR-2) on 7-15-15, exam noted an antalgic-limping gait, light touch was decreased at right L5-S1, appeared anxious, trigger points palpated at the right gluteus, medius, gluteus minimus, longissimus lumborum, multifidus, piriformis and quadratus lumborum, and positive Patrick's test. Current plan of care includes x-ray of the hip, drug screen, medication, epidural, trigger point injections and referral for psychological-behavioral medicine and FRP (functional restoration program), along with follow up in one month. The Request for Authorization date was 7-27-15 and requested service included Psychological Counseling x 6 visits and Functional Restoration Program. The Utilization Review on 7-31-15 denied the request due to exceeding the initial trial of 3 to 4 visits of psychotherapy visits initially and then would be followed by the functional restoration program if deemed appropriate at that time, per CA MTUS (California Medical Treatment Utilization Schedule) Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Counseling x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: MTUS recommends cognitive behavioral therapy as highly effective for patients with chronic pain. However, this guideline recommends up to 4 initial visits; thus the current request exceeds this guideline without a rationale for an exception. Therefore, I recommend that this request be not medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional restoration programs (FRPs).

Decision rationale: MTUS discusses detailed criteria for enrollment in a functional restoration program, including an interdisciplinary assessment with baseline functional testing. As noted in an initial physician review in this case, this patient last underwent such an FRP evaluation 2 years prior to this request and thus the clinical information in that evaluation may not be applicable at this time. As that review notes, particularly given that the patient recently transitioned to a new treating physician, there is insufficient information at the time of this request to support either an FRP or an updated FRP evaluation. This request is not medically necessary.