

<b>Case Number:</b>	CM15-0181524		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	05/05/1997
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: Psychologist

### 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 58 year old female, who sustained an industrial injury on 5-5-1997. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, status post right knee fusion, chronic high dose opiate and sleeping medicine dependence and dysfunctional activities of daily living. A recent progress report dated 9-2-2015, reported the injured worker complained of pain in the right knee, left shoulder, bilateral arms, low back, bilateral lower extremities and numbness in her toes. She rated her pain as 10 out of 10 with no alleviating factors. Physical examination revealed ambulates with a cane, moderate right thigh atrophy and no sensory deficit. Treatment to date has included Duloxetine, Ambien, Norco - relieves knee muscle pain 75%, Nabumetone - relieves knee muscle pain 75%, Lidoderm patches - 75% useful and TENS (transcutaneous electrical nerve stimulation) unit. On 9-8-2015, the Request for Authorization requested a team treatment planning meeting. On 9-11-2015, the Utilization Review noncertified a request for a team treatment planning meeting.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Team treatment planning meeting x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

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

**Decision rationale:** A request was made for one Psyche evaluation, one team treatment planning meeting, and one team meeting with the patient. The request for the psyche evaluation and team meeting with the patient were approved whereas the perspective request for one team treatment planning meeting between the September 2, 2015 and November 8, 2015 was non-certified by utilization review which provided the following rationale for its decision: "This is not a medical service for the cure or relief of and industrial injury, and is therefore not within the scope of utilization review is described within LC4610 and 8CCR 9792 et seq. Because the service is not within the scope of utilization review, and are properly left to the claims administrator. For these reasons, it is recommended that the perspective request for one team treatment planning meeting should be non-certified." The medical necessity the request for one team treatment planning meeting is not established. The rationale is that the request was also submitted at the same time as the request for one psyche evaluation, and a multidisciplinary team meeting with the patient. Although, the request is not entirely redundant, it is nearly so. Multidisciplinary team meeting planning is an important part of a comprehensive multidisciplinary team program; however, because the request for a treatment team meeting with the patient was authorized, this should be more than sufficient to address treatment planning issues. In addition, a prior request from September 2015 was made for multidisciplinary evaluation, also to be held between during the same time period September 2, 2015 and November 8, 2015 appears to have been certified, although this was not entirely clear. The patient has a date of injury of May 5, 1997, it is not stated how many prior multi-disciplinary team treatment planning meetings have been provided, if any. For these reasons, the request is not medically necessary and utilization review decision is upheld.