

Case Number:	CM15-0182909		
Date Assigned:	09/23/2015	Date of Injury:	02/19/2014
Decision Date:	10/29/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/17/2015

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: 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 47-year-old male, who sustained an industrial injury on 2-19-2014. Medical records indicate the worker is undergoing treatment for chronic low back pain, lumbar degenerative disc disease, lumbar myofascial pain, depression, sleep disorder and fear avoidant and pain avoidant behavior. A recent progress report dated 8-24-2015, reported the injured worker complained of pain in the low back and left leg-foot. Physical examination revealed mood was depressed and anxious, cooperative and intact cognition with bilateral trapezius, rhomboid, cervical and thoracic moderate spasm. Bilateral lower extremity electromyography (EMG) nerve conduction study (NCS) showed bilateral lumbar 5 radiculopathy treatment to date has included physical therapy, epidural steroid injection, massage, home exercise program, functional restoration program and medication management. He reported physical therapy and massage worsened his condition. The physician is requesting interdisciplinary reassessment, including physical examination x1, Psychological assessment x1 and Physical therapy evaluation, followed by an interdisciplinary patient conference, 1 visit, 4 hours (low back). On 9-10-2015, the Utilization Review noncertified the request for interdisciplinary reassessment, including physical examination x1, Psychological assessment x1 and Physical therapy evaluation, followed by an interdisciplinary patient conference, 1 visit, 4 hours (low back).

IMR ISSUES, DECISIONS AND RATIONALES

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

Interdisciplinary reassessment, including physical examination x1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation ACOEM Guidelines. page 114.

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

Decision rationale: Review indicates the patient has recently completed [REDACTED] and remains with significant symptom complaints and continues not working in any modified capacity with noted lack of motivation. It is unclear how further interdisciplinary reassessment with psychological and physical therapy intervention are indicated when the patient failed to demonstrate functional improvement from extensive treatment rendered. Guidelines criteria for a functional restoration program requires at a minimum, appropriate indications for multiple therapy modalities including behavioral/psychological treatment, physical or occupational therapy, and at least one other rehabilitation oriented discipline. Criteria for the provision of such services should include satisfaction of the criteria for coordinated functional restoration care as appropriate to the case; A level of disability or dysfunction; No drug dependence or problematic or significant opioid usage; and A clinical problem for which a return to work can be anticipated upon completion of the services. Medical report submitted identified the patient's overall gains without significant change or motivation as the patient continues not working from FRP already rendered. Guidelines criteria does support to continue a functional restoration program beyond designated sessions; however, requires clear rationale and functional improvement from treatment rendered along with reasonable goals to be achieved with specific individual care plans and focused goals. Submitted reports have not demonstrated clear rationale to support further sessions beyond the recommendations of the guidelines. The Interdisciplinary reassessment, including physical examination x1 is not medically necessary and appropriate.

Psychological assessment x1: 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): Psychological evaluations.

Decision rationale: Review indicates the patient has recently completed a HELP Functional Restoration Program of 80 hours and remains with significant symptom complaints and continues not working in any modified capacity with noted lack of motivation. It is unclear how further interdisciplinary reassessment with psychological and physical therapy intervention are indicated when the patient failed to demonstrate functional improvement from extensive treatment rendered. The patient continues to treat extensively for pain complaints without report of new injury or acute flare-ups. Clinical findings remained unchanged and previous

psychological treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychotherapy treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. The Psychological assessment x1 is not medically necessary and appropriate.

Physical therapy evaluation, followed by an interdisciplinary patient conference, 1 visit, 4 hours (low back): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

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

Decision rationale: Review indicates the patient has recently completed a HELP Functional Restoration Program of 80 hours and remains with significant symptom complaints and continues not working in any modified capacity with noted lack of motivation. It is unclear how further interdisciplinary reassessment with psychological and physical therapy intervention are indicated when the patient failed to demonstrate functional improvement from extensive treatment rendered. Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical therapy evaluation, followed by an interdisciplinary patient conference, 1 visit, 4 hours (low back) is not medically necessary and appropriate.