

Case Number:	CM15-0186685		
Date Assigned:	09/28/2015	Date of Injury:	12/14/2011
Decision Date:	11/03/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/22/2015

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:

This is a 52 year old female with a date of injury on 12-14-11. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck and back pain. Progress report dated 8-14-15 reports continued complaints of head, neck, bilateral shoulder girdle, bilateral upper extremity, mid back, low back, bilateral buttock and bilateral lower extremity pain. The pain is constant and sharp with numbness and tingling in the upper extremities. The pain is rated 8-9 out of 10. She remains symptomatic despite conservative treatment. Upon exam, she made constant position shift during exam, unstable gait dragging her left lower extremity and unable to walk heel to toe. She had tenderness throughout the paraspinal muscles. Cervical range of motion was very painful. She has weakness and marked loss of range of motion throughout multiple body parts with hyperesthesia in upper and lower extremities. Work status: totally temporarily disabled. Treatments include: medication, chiropractic, and acupuncture. Cervical x-ray and MRI of lumbar spine reveal multilevel disc disease that was nonsurgical in nature. Request for authorization dated 8-31-15 was made for physical therapy referral; evaluate and treat 6 sessions and psychology referral consult and treat 6 sessions. Utilization review dated 9-4-15 non-certified physical therapy and modified to certify psychology consultation only.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychology referral consult and treat 6 sessions: 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: Psychology referral consult and treat 6 sessions is not medically necessary as written per the MTUS Guidelines. The MTUS states that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request, as written, cannot be certified for 6 sessions of treatment without a clear evaluation of what treatment may be necessary. This request is not medically necessary.

Physical therapy referral; evaluate and treat 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

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

Decision rationale: Physical therapy referral; evaluate and treat 6 sessions is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends up to 10 visits for this patient's condition. The documentation indicates that the patient has had prior therapy. The MTUS supports a transition to an independent home exercise program. There are no extenuating factors that necessitate 6 supervised therapy sessions. The documentation is not clear on quantity and outcome of prior therapy sessions. The patient should be independent in a home exercise program. The request as written, does not specify a body part for therapy. This request is not medically necessary.