

Case Number:	CM15-0189615		
Date Assigned:	10/01/2015	Date of Injury:	11/11/2005
Decision Date:	12/08/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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, Pain Management

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 43 year old female, who sustained an industrial injury on 11-11-2005. The injured worker is undergoing treatment for complex regional pain syndrome (CRPS) of both upper and lower extremities, urinary retention, reflex sympathetic dystrophy of the upper and lower limb, pain in joint site unspecified, unspecified sleep disturbance, constipation, pelvic floor tension, chronic pain syndrome and depression. Medical records dated 8-10-2015 indicate the injured worker complains of pain levels without medication rated 10 out of 10 and with medication 8 out of 10. Exam dated 8-3-2015 indicates the injured worker complains of falls, headaches, numbness and tingling in the arms and legs and urinary retention. Physical exam dated 8-3-2015 notes decreased strength in the right upper and lower extremities and "she was in too much acute pain to have the left extremities tested." There is "painful neuralgia to light touch on back of head, forehead, back of neck, left lower and upper extremity." Treatment to date has included pain management, medication, home exercise program (HEP), spinal cord stimulator, self-catheterization, physical therapy, pelvic floor physical therapy, psychotherapy The original utilization review dated 9-10-2015 indicates the request for psychotherapy X12 and autonomic nerve testing is non-certified and physical therapy X12 low back and pelvic floor therapy X12 is modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 12 low back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Therapy.

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is documentation of completion of prior PT sessions, but there is no documentation of specific objective functional improvement with the previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program, yet are expected to improve with formal supervised therapy. Furthermore, it is unclear how many therapy sessions the patient has already undergone making it impossible to determine if the patient has exceeded the maximum number recommended by guidelines for their diagnosis. In light of the above issues, the currently requested additional physical therapy is not medically necessary.

Pelvic floor therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis, Physical Medicine Treatment.

Decision rationale: Regarding the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, it does not appear the patient has undergoing pelvic physical therapy previously. The patient does have documented issues with incontinence. A short course of therapy may be indicated for this patient. Unfortunately, the 12 visits currently requested exceeds the 6-visit trial supported by guidelines and there is no provision to modify the current request. As such, the current request for physical therapy is not medically necessary.

Psychotherapy x 12: 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, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological treatment, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no subjective complaints of psychological issues, no mental status exam, and no indication of what is intended to be addressed with the currently requested psychological consultation. In the absence of clarity regarding those issues, the currently requested psychological treatment is not medically necessary.

Autonomic nerve testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, CRPS diagnostic tests.

Decision rationale: Regarding the request for autonomic testing, California MTUS and ACOEM do not contain criteria for autonomic testing. ODG states that autonomic testing is not generally recommended. Within the documentation available for review, no peer-reviewed scientific literature has been provided supporting use of autonomic testing for this patient's diagnoses. In the absence of such documentation, the currently requested autonomic testing is not medically necessary.