

Case Number:	CM15-0021446		
Date Assigned:	02/11/2015	Date of Injury:	09/05/2013
Decision Date:	04/03/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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, Arizona

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 52-year-old female who reported an injury on 09/05/2013. The mechanism of injury was a fall. She is diagnosed with lumbar disc disorder, lumbar radiculopathy, reactive myofascial pain, and depression. Her past treatments have included chiropractic treatment, physical therapy, use of a TENS unit, nerve blocks, psychotherapy, and medication. However, it was noted that these treatments resulted in no change to her condition. At a follow-up appointment on 01/06/2015, it was noted that the injured worker had completed a functional restoration program and had made tremendous functional gains during the course of her participation in the program. It was noted that she had been released to modified work and she had been found to be at a point of maximum medical improvement. It was noted that her medications included tramadol and requests were made for a gym ball and a Thera Cane for use with her home exercise program and a follow-up in 1 month. A previous determination letter indicated that a 01/15/2015 interdisciplinary reassessment stated that the injured worker's depression was an ongoing issue; therefore a request was made for psychological treatment for 6 sessions. It was also noted that a follow-up interdisciplinary reassessment was requested in order to establish an interval measurement of progress to demonstrate improvement in function or maintenance in function.

IMR ISSUES, DECISIONS AND RATIONALES

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

In-Office Interdisciplinary Re-Assessment in 3-6 Months: Upheld

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

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

Decision rationale: According to the Official Disability Guidelines, office visits are recommended based on patient concerns, signs and symptoms, clinical presentation, and reasonable physician judgment. The clinical information submitted for review indicated that the injured worker had completed 32 days of a functional restoration program and had significant functional improvement. A recommendation was made for an interdisciplinary follow-up visit in 3 to 6 months to further evaluate for functional improvement or maintenance. However, as the documentation indicates that the injured worker had significant improvement and was at maximum medical improvement, it is unclear why additional follow-up is needed with an interdisciplinary team. In the absence of further documentation regarding the need for this follow-up visit, the request is not supported. As such, the request is not medically necessary.

6 Psychological Support with Treating Physician: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress, Cognitive therapy for depression.

Decision rationale: According to the Official Disability Guidelines, up to 50 sessions of cognitive therapy may be recommended for patients with severe major depression if progress is being made. The clinical information submitted for review indicated that the injured worker had previous psychotherapy as well as psychotherapy as a part of the chronic pain program she recently completed. However, details regarding her past psychotherapy were not provided to include the number of visits completed and clear evidence of objective functional improvement with these treatments. In the absence of this information, the request for further psychological treatment is not supported. As such, the request is not medically necessary.