

Case Number:	CM15-0023809		
Date Assigned:	02/13/2015	Date of Injury:	06/07/2011
Decision Date:	04/21/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain, low back pain, temporomandibular joint disorder, and posttraumatic headaches reportedly associated with an industrial injury of June 7, 2011. In a Utilization Review Report dated February 3, 2015, the claims administration failed to approve requests for physical therapy, cognitive behavioral therapy, neuropsychological evaluation, and Fioricet. The claims administrator referenced an RFA form of January 23, 2015 in its determination. The applicant's attorney subsequently appealed. On September 6, 2014, the applicant presented to the emergency department reporting an alleged flare of low back pain. The applicant was given prescriptions for Norco and Medrol and subsequently discharged. On January 6, 2015, the applicant reported ongoing complaints of neck, shoulder, low back, and leg pain with associated headaches. The applicant was using Norco, losartan, Wellbutrin, Duragesic, Ativan, and Restoril. The applicant had apparently had a negative CT angiogram of the head. MRI imaging of the cervical spine, lumbar spine and brain were proposed on the grounds that previous studies were done quite some time back. Cognitive behavioral therapy and neuropsychologic counseling were endorsed, along with a prescription for Fioricet. The applicant's work status was not clearly detailed, although the applicant did not appear to be working. The applicant was placed off of work, on total temporary disability via psychiatric progress note dated November 13, 2014. Wellbutrin, Ativan, and Restoril were endorsed. The applicant was described as depressed and irritable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (12-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Commission of Health and Safety and Workers' Compensation (CHSWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Physical Medicine Page(s): 8; 99.

Decision rationale: The 12-session course of therapy proposed, in and of itself represents treatment in excess of the 9 to 10 session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnosis reportedly present here. This recommendation is further qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was off of work, on total temporary disability, as of the date of the request, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. The applicant remained dependent on a variety of analgesic, anxiolytic, and adjuvant medications, including Wellbutrin, Ativan, Restoril, Fioricet, Norco and Duragesic. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for 12 additional sessions of physical therapy was not medically necessary.

Cognitive Therapy (12-sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 15, page 405, an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological condition, or unrecognized psychosocial stressors. As with the preceding request, the applicant was off of work, on total temporary disability, as of the date in question, despite receipt of earlier unspecified amounts of psychotherapy/cognitive behavioral therapy over the course of the claim. The applicant remained dependent on litany of psychotropic medications, including Restoril, Ativan, Wellbutrin, etc. All of foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f despite receipt of the same. Therefore, the request for additional cognitive behavioral therapy was not medically necessary.

Neuropsychological Evaluation: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious mental health conditions may need a referral to a psychiatrist for medicine therapy. While applicants with less serious issues such as work stress and/or person-job fit may be handled effectively with talk therapy through a psychologist, here, the applicant's mental health issues are quite profound. The applicant was on three to four different psychotropic medications. The applicant was off of work, on total temporary disability. Significant complaints of psychological stress, anxiety, and depression were evident. All of the foregone, taken together, suggested that the applicant would best have been served via continued treatment through his existing psychiatrist as opposed to through cognitive behavioral therapy and/or an associated neuropsychological evaluation. Therefore, the request was not medically necessary.

Fioricet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents (BCAs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 398, applicants with more serious mental health conditions may need a referral to a psychiatrist for medicine therapy. While applicants with less serious issues such as work stress and/or person-job fit may be handled effectively with talk therapy through a psychologist, here, the applicant's mental health issues are quite profound. The applicant was on three to four different psychotropic medications. The applicant was off of work, on total temporary disability. Significant complaints of psychological stress, anxiety, and depression were evident. All of the foregone, taken together, suggested that the applicant would best have been served via continued treatment through his existing psychiatrist as opposed to through cognitive behavioral therapy and/or an associated neuropsychological evaluation. Therefore, the request was not medically necessary.