

Case Number:	CM15-0033778		
Date Assigned:	02/27/2015	Date of Injury:	10/13/2009
Decision Date:	04/10/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/23/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 36 year old male, who sustained an industrial injury on 10/13/09. He has reported low back pain, anxiety and depression. The diagnoses have included opioid dependence, psychogenic pain, anxiety and depressive disorder. Treatment to date has included medications, diagnostics, and two Epidural Steroid Injection (ESI). Currently, as per physician note dated 1/20/15, the injured worker complains of multi-body part chronic pain syndrome. He is also complaining of headaches on Suboxone. Physical exam revealed ambulatory male with significant edema in the left lower extremity that was pitting. The current medications included Baclofen, Catapres, cyclobenzaprine, Neurontin, Percocet, Suboxone and Zofran. The pain is now resolved despite significant amount of care through functional restoration, more recently he has transitioned off Oxycodone to Suboxone. He remains with poor skill and coping strategies for his ongoing pain and would benefit from both a short course of pain psychology and physical therapy. On 1/30/15 Utilization Review modified a request for Psychotherapy 1 time a week for 6 weeks modified to certification for an initial trial of psychotherapy times 4 sessions and certification is not recommended for the remaining psychotherapy times 2, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain Behavioral interventions guidelines were cited. On 1/30/15 Utilization Review non-certified a request for Physical therapy 2 x 3 for the thoracic and lumbar spine, noting the (MTUS) Medical Treatment Utilization Schedule Guidelines chronic pain was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: Guidelines necessitate documentation of chronic pain or stress/anxiety/depression to support the medical necessity of psychotherapy and support an initial trial of 4 psychotherapy visits. According to the medical documentation submitted, although there is documentation of chronic pain, the number of sessions requested exceeds guidelines for an initial trial. Thus the request for psychotherapy 1 x 6 weeks is not medically necessary and appropriate.

Physical therapy 2 x 3 for the thoracic and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Guidelines state that passive therapy can provide short term relief during the early phases of pain treatment. Guidelines require documentation of remaining functional deficits and number of physical sessions to date in order to support medical necessity of physical therapy. However, the clinical documentation does not specify if this is a request for initial or additional physical therapy where there has been recent therapy and there remain functional deficits. Thus the request for physical therapy 2x3 is not medically necessary and appropriate.