

<b>Case Number:</b>	CM15-0036353		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	08/30/2012
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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: Colorado

Certification(s)/Specialty: Family Practice

### 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 51 year old male, who sustained an industrial injury described as cumulative trauma 4/21/2001 - 08/30/2012. He has reported subsequent back pain and was diagnosed with possible lumbar discogenic pain, possible lumbar sprain/strain, constant left lumbosacral radicular pain at L5-S1 and stress syndrome with anxiety, insomnia, and depression. Treatment to date has included oral pain medication, physical therapy, aqua therapy, and acupuncture. In a progress note dated 07/30/2014, the injured worker complained of constant low back pain radiating to the left lower extremity associated with tingling, numbness and weakness. Objective findings were notable for left sided limping, midline tenderness of the lower back extending from L4-S1, bilateral lumbar facet tenderness of L4-L5 and L5-S1, mild left sacroiliac and sciatic notch tenderness, hypoalgesia of the left L5-S1 nerve root and mild weakness of the left lower extremity. A request for authorization of a psych evaluation, physical therapy and an orthopedic follow up appointment was made. There was no medical documentation submitted that pertains to the current treatment request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psyche evaluation:** 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 ACOEM, 2ND Edition, (2004), Revised 2007 Chapter 6 and 10, pages 163, 803-804, 859-860.

**Decision rationale:** The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological) For the patient of concern, the only records supplied, are QME review dated July 2014, and there is no support for a Psychiatric evaluation in those notes. The "stress syndrome" diagnosis is mentioned in the records available, but only in passing as an issue that needs to be addressed elsewhere. There is no information in the history or physical findings to support that diagnosis, or diagnosis of psychiatric condition affecting chronic pain, or to support the need for Psychiatric evaluation, so the request for Psychiatric evaluation is not medically necessary.

**Physical therapy (unspecified):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 98-99.

**Decision rationale:** Per the MTUS Guidelines, Physical Therapy is recommended in specific circumstances. Passive therapies have been shown to be beneficial in early stages / acute pain, to help control pain, inflammation, and swelling and to promote healing of soft tissue injuries. While passive therapies can be helpful short term, active therapies have shown clinically significant improvement long term. Active therapies require energy expenditure on the part of the patient and may require supervision, but are expected to be continued as home exercise program as well. Per the MTUS guidelines, Physical Therapy can be recommended in specific frequency and duration for specific conditions: Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. For the patient of concern, the only records supplied are QME review dated July 2014 and request for Physical Therapy is not mentioned as a needed treatment. The records indicate that patient has participated in traditional physical therapy in the past, dates and number of sessions not clarified, with "short term improvement." As mentioned, the most recent documentation available on the patient is July 2014, so there is no current information on patient condition / needs. Without

current exam or complaints to be addressed by therapy, and without information on number of previous PT sessions completed, the request for physical therapy is not medically necessary.

**Ortho follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2ND Edition, (2004), Revised 2007. Chapters 6 and 10, pages 163, 803-804, 859-860.

**Decision rationale:** The MTUS Guidelines do not specifically address indications for consultation, so the ACOEM Guidelines were consulted. Per the ACOEM Guidelines, consultation is recommended when the patient's chronic pain condition is related to patient's poor function and no cause clearly evident. Consultation with a specialist can be used then to confirm diagnosis and/or devise treatment regimen. Consultants can also assist in assigning loss, assessing medical stability and determining fitness to return to work. The specialist may offer just advice / input or take over patient care for a given condition. The choice of specialist to consult will depend on the patient needs. (Medical, Physical, Psychological) For the patient of concern, the only records supplied, are QME review dated July 2014, and there is no support for an Orthopedic evaluation in those notes. The patient's only diagnoses mentioned include lumbar radiculopathy and stress syndrome. No diagnoses / findings documented in the records available suggest a need for Orthopedic evaluation. Without a diagnosis or symptoms related to an Orthopedic concern, the request for Orthopedic follow up is not medically necessary.