

Case Number:	CM15-0042898		
Date Assigned:	03/13/2015	Date of Injury:	03/10/2001
Decision Date:	04/17/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/06/2015

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: Utah, Arkansas
 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 63 year old male, who sustained an industrial injury on March 10, 2001. He reported pain in his lower back. The injured worker was diagnosed as having lumbar spondylolisthesis, lumbar spinal stenosis, degenerative disk disease of the lumbar spine, lumbar radiculopathy and status post prior spinal fusion surgery. Treatment to date has included chiropractic treatment, psychological evaluation, surgery, injections, physical therapy, exercises and medication. On February 16, 2015, the injured worker complained of lumbar spine pain radiating into the thighs. The pain was associated with pain radiating down the bilateral hips into the legs along with low back spasms. The pain was rated as an 8 on a 1-10 pain scale. The symptoms are intermittent and are made worse by prolonged sitting. The symptoms are alleviated by rest, physical therapy, Percocet medication and home exercises. The treatment plan suggested surgery but that he is not ready to proceed at the moment. A follow up visit was noted for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for the Knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 330-334.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22,Independent Medical Examinations and Consultations, chapter 7. Page 330.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for knee consultation. According to the clinical documentation provided and current MTUS guidelines; knee consultation is not indicated as a medical necessity to the patient at this time. The patient has not met the surgical consultation guidelines on page 330.

Psychotherapy, 12 sessions: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavior Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22,Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a cognitive behavioral therapy consultation. MTUS guidelines state the following: consultation is indicated, when there are red flag findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. According to the clinical documentation provided and current MTUS guidelines; cognitive behavioral therapy consultation is indicated as a medical necessity to the patient at this time.