

Case Number:	CM15-0048253		
Date Assigned:	03/20/2015	Date of Injury:	04/19/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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, Maryland
Certification(s)/Specialty: Psychiatry

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 female patient, who sustained an industrial injury on 04/19/2013. A primary treating office visit dated 02/06/2015, reported the patient with complaint of exacerbation of existing problem. She reports that her physical, occupational and speech therapy were cut off. She had been seen by the QME pending report. She describes symptoms of traumatic brain-injury headaches, vertigo, stuttering, memory issues, reading, concentration, insomnia, fatigue and anxiety. The pain is rated a 4 out of 10 in intensity. The symptoms are noted as constant and are made worse with tilting her head back and alleviated with rest. The pain is associated with left knee pain, and right wrist pain. She is prescribed the following medications: Depakote, Dantrolene, Transdermal-Scop, Reglen, Norco 10/325mg, Tramadol 50mg, Gabapentin 300mg, Ibuprophen, Flexiril, Cyproheptadine, Norco 10/325mg, Zofran, Meclizine, Trazadone, Esigic, Baclofen and Ondansetron. Diagnostics imaging performed to include magnetic resonance imaging of thoracic and lumbar spine and computerized tomography of head along with radiographic study of wrist and hands. She also underwent electrodiagnostic nerve conduction study. The following diagnoses are applied: post-concussive syndrome, vertigo, retrograde amnesia, Wernicke's aphasia, left leg spasticity versus contractures and insomnia. The plan of care involved diagnoses education, treatment options, and prognosis. She will need physical therapy after Botox injections, Baclofen adjusted, and increased Dantrolene.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional occupational therapy, twice weekly for 3 weeks, right hand, per 03/03/2015 order, Qty: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The records submitted for review state that the patient has had prior treatment with occupational therapy with no improvement. Thus, the request for 6 more sessions/Additional occupational therapy, twice weekly for 3 weeks, right hand, per 03/03/2015 order, Qty: 6.0 is not medically necessary.

Psychologist visits, per 03/03/15 order Qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23, 100-102.

Decision rationale: California MTUS states that behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommends screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: -Initial trial of 3-4 psychotherapy visits over 2 weeks -With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Upon review of the submitted documentation, it is gathered that the injured worker has been authorized for a Psychology consult, however the report is unavailable. Also, the request for 8 Psychologist visits exceeds the guideline recommendations for an initial trial per MTUS guidelines. Thus, the request for Psychologist visits, per 03/03/15 order Qty: 8.00 is excessive and not medically necessary.

Physical therapy, 6 visits, left leg and vertigo, per 03/03/2015 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105-127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD 729.2): 8-10 visits over 4 weeks."The records submitted for review state that the patient has had prior treatment with physical therapy with no improvement. Thus, the request for 6 more sessions is not medically necessary.