

Case Number:	CM14-0102738		
Date Assigned:	07/30/2014	Date of Injury:	10/01/2012
Decision Date:	09/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old female whose date of injury is 10/01/2012. The mechanism of injury is not described. Electromyogram (EMG) and nerve conduction velocity (NCV) dated 08/02/13 revealed evidence of irritation of the right L5 and right S1 nerve roots. The injured worker underwent lumbar epidural steroid injection on 10/07/13 and 05/06/14. Note dated 02/03/14 indicates that impression is lumbar degenerative disc disease, discogenic low back pain, right L5 and S1 radiculitis, bilateral lumbar foraminal stenosis, lumbar spondylosis and spondylosis, chronic pain syndrome, and lumbar spondylolisthesis. Note dated 05/16/14 indicates that the injured worker reports 50% improvement after lumbar epidural steroid injection. She reports that Cymbalta helps with her depression. She scored a 2 on PHQ-9 testing which indicates minimal depression. She is not interested in seeing anyone for her depression at this time. Note dated 06/13/14 indicates that she would like to speak to someone about her depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy times 6 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation Low Back Procedure Summary last updated 5/12/2104.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: Based on the clinical information provided, the request for physical therapy times 6 visits is not recommended as medically necessary. There is no information in the submitted clinical documentation regarding prior physical therapy or the injured worker's response thereto. CA MTUS guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There are no specific, time-limited treatment goals provided.

Psychologist consult with follow up as needed.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Based on the clinical information provided, the request for psychologist consult with follow up as needed is not recommended as medically necessary. She scored a 2 on PHQ-9 testing which indicates minimal depression on 05/16/14. There are no psychological treatment notes or evaluations submitted for review. The submitted records fail to establish that the injured worker presents with significant psychosocial issues which have impeded her progress in treatment completed to date. Therefore, the request is not in accordance with ACOEM guidelines, and medical necessity is not established.