

Case Number:	CM14-0133417		
Date Assigned:	09/18/2014	Date of Injury:	02/29/2012
Decision Date:	10/16/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/20/2014

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 Occupational 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:

Patient in a 56 year-old female with date of injury 02/29/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/17/2014, lists subjective complaints as pain in the low back with radiation into the hamstring. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the paravertebral muscles with spasm. Range of motion was decreased in all planes with pain. Straight leg raising test was negative bilaterally. Diagnosis: 1. Other chronic pain 2. Degeneration of cervical intervertebral disc 3. Lumbosacral spondylosis without myelopathy 4. Disorders of the bursae and tendons in shoulder region. Patient has completed 24 sessions of physical therapy to date. It is reported that the patient has started a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychology 6 Visits: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (Chronic), Behavioral interventions

Decision rationale: Although the patient appears to be a candidate for cognitive behavioral therapy, it is reported that she has an enrolled in a functional restoration program. Functional restoration programs combine intensive, daily biopsychosocial rehabilitation with a functional restoration approach. Additional cognitive behavioral therapy requested in the RFA constitutes a duplicated treatment. Pain Psychology 6 Visits is not medically necessary.

Physical Therapy 6 Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is little documentation of objective functional improvement. In addition, California Labor Code Section 4604.5(c) (1) states that an employee shall be entitled to no more than 24 chiropractic, 24 occupational therapy, and 24 physical therapy visits per industrial injury. The medical record indicates that the patient has previously undergone 24 sessions of physical therapy. During the previous physical therapy sessions, the patient should have been taught exercises which are to be continued at home as directed by MTUS.