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| Case Number: | CM14-0163588 | | |
| Date Assigned: | 10/08/2014 | Date of Injury: | 04/15/2014 |
| Decision Date: | 11/07/2014 | UR Denial Date: | 09/30/2014 |
| Priority: | Standard | Application Received: | 10/06/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 53-year-old female with a date of injury of 04/15/2013. The listed diagnoses per [REDACTED] are: 1. Cervical sprain superimposed upon a small C6-C7 right-sided disk protrusion. 2. Lumbosacral strain superimposed upon lumbar disk bulge at L4-L5 and L5-S1. According to progress report 09/03/2014, the patient continues with neck and low back pain. The treating physician states that the patient reports "some significant emotional trauma that she states arose from her employment." The details of the matter were not discussed, but the treating physician states that the patient has become rather profoundly depressed. Examination of the neck revealed tenderness and some spasms through the paracervical spines. Any extension of the neck reproduces pain in the right trapezial muscle and right shoulder. It was noted that patient's lower back pain has resolved. The treating physician states that the patient has "received just 1 or 2 visits of physical therapy, which was of benefit." He would like to request additional 8 sessions for the cervical spine and a psychological evaluation. Utilization review denied the request on 09/30/2014. Treatment reports from 04/16/2013 through 09/03/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Sessions of Physical Therapy for Cervical Spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

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

Decision rationale: This patient presents with continued neck pain and reports of emotional trauma. The treating physician is requesting 8 sessions of physical therapy for the cervical spine. Utilization review denied the request stating that the patient has completed 2 days of physical therapy for reinforcement of HEP, and there was limited documentation of improvement. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file does not include prior physical therapy reports. In this case, given the patient's continued neck pain with restricted and guarded range of motion, 8 sessions of physical therapy is warranted. The request is medically necessary.

Psychological Evaluation: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition, (2004) Chapter 7, page 127 psychologist evaluation

Decision rationale: This patient presents with neck pain and reports of emotional trauma. The treating physician in his report 09/03/2014 stated "It is evident that the patient has become rather profoundly depressed." He recommends that the patient be seen by a psychologist. Utilization review denied the request stating "There is no demonstrated psychiatric industrial injury." ACOEM Practice Guidelines Second Edition (2004) page 127 has the following, "The occupational health practitioner may refer to other specialist if a diagnosis is unclear or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise." The treating physician is concerned as the patient has become "profoundly depressed" recently. In this case, the treating physician's request for a referral to a psychologist for further evaluation is reasonable and within guidelines. The request is medically necessary.