

Case Number:	CM14-0099070		
Date Assigned:	07/28/2014	Date of Injury:	11/17/2012
Decision Date:	10/07/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/27/2014

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 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:

This is a 42-year-old female with an 11/17/12 date of injury. The mechanism of injury occurred when she was pushing a box of lettuce that weighed 35-40 pounds and she slipped. According to a progress report dated 5/7/14, the patient complained of low back pain. It was described as burning, localized and 5/10 severity. She stated that the pain impaired her activities of daily living. She had limitations with self-care, lifting objects, sitting, standing, and/or walking. The provider is requesting pain management counseling to improve the patient's pain, which correlates with her anxiety. Physical therapy is being requested to increase the patient's strength and range of motion of the lumbar spine and hip stabilizing muscles. Objective findings: tenderness of cervical/thoracic/lumbar paravertebral muscles with spasms and tenderness, restricted ROM (range of motion) of the lumbar spine, tenderness noted over the posterior iliac spine and sacroiliac joint. Diagnostic impression: chronic pain syndrome, myofascial pain syndrome, reactive anxiety, low back pain. Treatment to date: medication management, activity modification, chiropractic treatment. A UR decision dated 5/21/14 modified the request for pain medication counseling from 4 visits to 1 visit and denied the request for physical therapy 2x4 weeks to low back/lumbar. Regarding the pain medication counseling, the decision was that one psychological evaluation to determine if the patient's anxiety is severe enough to warrant ongoing counseling. Regarding physical therapy, there is no indication as to whether she has undergone physical therapy over the last 18 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management counseling 1 time per week for 4 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page(s) 127, 156

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. It is noted that the provider is requesting pain management counseling to improve the patient's pain, which correlates with her anxiety. However, this request is for 4 visits, which is excessive. The UR decision modified this request to authorize 1 visit. Therefore, the request for Pain Management Counseling 1 time per week for 4 weeks was not medically necessary.

Physical Therapy 2 times a week for 4 weeks for the Low Back/Lumbar: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6 page 114

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines support an initial course of physical therapy with objective functional deficits and functional goals. It is noted that the provider is requesting physical therapy to increase the patient's strength and range of motion of the lumbar spine and hip stabilizing muscles. It is unclear if the patient has had physical therapy in the past. However, guidelines only support up to 6 sessions as an initial trial. Therefore, the request for Physical Therapy 2 times a week for 4 weeks Low Back/Lumbar, as submitted was not medically necessary.