

Case Number:	CM14-0215216		
Date Assigned:	01/02/2015	Date of Injury:	11/10/2012
Decision Date:	03/12/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male who reported an injury on 11/10/2012. The mechanism of injury was not stated. The current diagnosis is C5-6 disc bulge. The injured worker presented on 12/04/2014 with complaints of constant cervical pain. The injured worker also reported radiating pain into the right trapezius muscles and right shoulder. Upon examination, there was 25 degree forward flexion, 10 degree extension, 20 degree right and left lateral bending, and guarding. Recommendations included continuation of the home exercise program, a followup evaluation with the pain management specialist, and a referral to a psychologist. A Request for Authorization form was then submitted on 12/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2-3 times a week for 6 weeks with reevaluation in 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

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

Decision rationale: The California MTUS Guidelines state 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. According to the documentation provided, the injured worker is greater than 1 year status post work related injury. Previous documentation of objective functional improvement with physical therapy was not provided. Additionally, there is no specific body part listed in the current request. As such, the request is not medically appropriate.

Psychiatric consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. According to the documentation provided, the injured worker has been previously referred to a psychologist. It is unclear whether the patient followed up with the psychologist. Previous treatment was not mentioned. The injured worker presented with complaints of persistent pain in the cervical spine. There was no mention of psychological symptoms. There was no psychological examination provided prior to the request for a specialty referral. As the medical necessity has not been established in this case, the request is not medically appropriate.

Follow-up pain management: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physician followup generally occurs when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. There is no documentation of an attempt at any recent conservative treatment. The medical necessity for a followup visit with a pain management specialist has not been established in this case. The medical rationale was not provided in the documentation. Based on the clinical information received and the above mentioned guidelines, the request is not medically appropriate.