

Case Number:	CM15-0016379		
Date Assigned:	02/04/2015	Date of Injury:	07/30/2013
Decision Date:	03/30/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/28/2015

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 52-year-old male who reported injury on 07/30/2013. The mechanism of injury was not provided. The injured worker underwent an MRI of the left lower extremity on 09/16/2013, an EMG/NCV on 11/01/2013 and an MRI of the left ankle on 03/06/2014. There was a Request for Authorization for 6 sessions of therapy and a psychiatrist evaluation, dated 12/11/2014. Documentation of 12/11/2014 revealed the injured worker was utilizing the medication gabapentin 300 mg, Medrox 0.0375/5/20% ointment as direct, Norco 10/325 mg 1 tablet as needed every 6 hours, Flexeril 10 mg 1 tablet at bedtime as needed, Laxacin 8.6/50 mg, Ambien 10 mg 1 at bedtime and Coumadin. The documentation indicated the injured worker had prior trigger point injections that helped overall pain. The injured worker had undergone physical therapy. The psych consult was noted to be pending. The physical examination of the cervical spine revealed flattened lordosis and tenderness over the bilateral splenius capitis and cervicis muscles. The motor strength sensation and reflexes were within normal limits. The range of motion of the neck was limited. Diagnoses included cervicalgia. The documentation indicated the injured worker underwent a Functional Capacity Evaluation on 06/19/2014 and had a decreased ability to lift. The treatment plan included a followup on a physical therapy request. The documentation of 11/13/2014 revealed the injured worker had a depressed mood and was being referred to a mental health expert to deal with his depressed mood, and the injured worker did not have suicidal ideation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 6 to the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for myalgia and myositis for up to 10 visits. The clinical documentation submitted for review indicated the injured worker had received prior therapy and there was a lack of documentation of the quantity of sessions and the objective functional benefit that was received. There was a lack of documentation of remaining objective functional deficits to support the necessity for additional therapy. The injured worker should be well versed in a home exercise program. Given the above, the request for physical therapy x 6 to the cervical spine is not medically necessary.

Psychiatrist evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend consideration of a psych consult if there is evidence of depression anxiety or irritability. The clinical documentation submitted for review indicated that the injured worker had a depressed mood and that the recommendation had been made for a psych consult per the AME of 09/24/2014. However, there was a lack of documentation of specific findings and a lack of documentation of specific symptoms to support the necessity for a psychiatrist evaluation. Given the above, the request for psychiatrist evaluation is not medically necessary.