

Case Number:	CM15-0118687		
Date Assigned:	06/29/2015	Date of Injury:	05/15/2001
Decision Date:	07/30/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/19/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 45-year-old State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury May 15, 2001. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve requests for a cardiology referral, a psychology referral, and eight sessions of physical therapy. The claims administrator referenced a June 3, 2015 RFA form and associated progress note of June 2, 2015 in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant was given refills of Zorvolex and Norco. Ongoing complaints of back and knee pain were reported. The note was some difficult to follow as it mingled historical issues with current issues. The attending provider stated that the applicant requested referral to cardiology and psychiatry to address worsening chest pain and anxiety. It was stated that the applicant previously had been evaluated by cardiology and that the applicant's chest pain had been deemed non-cardiac in nature. The applicant was 45 years old, it was reported. The applicant was already permanent and stationary, it was reported. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to cardiologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Clinical Guideline Centre for Acute and Chronic Conditions. Chest pain for recent onset: assessment and diagnosis of recent onset chest pain or discomfort of suspected cardiac origin. London (UK): National Institute for Health and Clinical Excellence (NICE).

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

Decision rationale: While the MTUS Guideline in ACOEM Chapter 5, page 92 does acknowledge that referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery, here, however, the treating provider seemingly acknowledged that the applicant's allegations of chest pain had been deemed non-cardiac in nature during an earlier cardiology referral. The earlier negative cardiac workup, thus, effectively obviated the need for what was characterized as a repeat cardiology referral. The attending provider did not, furthermore, clearly state what precisely about the applicant's presentation was so alarming that he believed that the applicant had new-onset cardiomyopathy. There was no mention of the applicant's having a history of hypertension, a history of an MI, etc., on or around the date of the request. There was no mention of the applicant's being a smoker. There was no mention of the applicant's being diabetic. There was no mention of the applicant's having had a prior MI or known issues with CAD. Rather, the applicant's allegations of chest pain were characterized by the requesting provider as a function of underlying psychopathology. Therefore, the request for a cardiology referral is not medically necessary.

Referral to psychology: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387, 397-398.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 388, referral to a mental health professional is indicated in applicants whose symptoms become disabling despite primary care interventions or persist beyond three months. Here, the applicant was described as having longstanding psychiatric complaints with heightened complaints of anxiety reported on or around the date of the request. Moving forward with the proposed psychology referral, was, thus, indicated to address the applicant's ongoing issues with anxiety. Therefore, the request is medically necessary.

8 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

Decision rationale: While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgia and myositis of various body parts, the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment and by commentary made on page 48 of the ACOEM Practice Guidelines to the effect that an attending provider should furnish a prescription for physical therapy or physical method which "clearly states treatment goals." Here, the applicant already had permanent work restrictions in place as of the date of the request, June 2, 2015. It did not appear that the applicant was working with said limitations in place. The applicant remained dependent on various analgesic medications, including opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS Definitions, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. It was not clearly stated or clearly established how the applicant could profit from further physical therapy, going forward. Therefore, the request is not medically necessary.