

Case Number:	CM15-0120399		
Date Assigned:	07/01/2015	Date of Injury:	05/11/2011
Decision Date:	07/30/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 51 year old female who sustained an industrial injury on 05/11/2011 when she bumped her head on a door causing a laceration. There was no loss of consciousness. Magnetic resonance imaging (MRI) was read as negative and the injured worker had sutures placed and released. The injured worker was diagnosed with chronic widespread pain syndrome with fibromyalgia, chronic pain somatization, probable depression and anxiety, menstrual migraine headaches, post-traumatic headaches and cognitive disorder, etiology unclear. Treatment to date has included diagnostic testing, multiple consultations with neurology, facial pain specialist, behavioral pain management specialists and psychiatrists, biofeedback therapy, temporomandibular joint (TMJ) appliance, trigger point injections and medications. According to the primary treating physician's progress report on February 24, 2015, the injured worker continues to experience daily headaches especially in the evening, neck and low back pain. The injured worker reports photophobia and wears sunglasses. Examination demonstrated pupils equal and reactive to light. Coordination, gait and muscle examination were intact. Romberg sign was negative. Deep tendon reflexes are 1+ in the upper extremities and 2+ in the lower extremities. Current medications are listed as Doxepin, Gabapentin and Inderal. Treatment plan consists of a psychiatric evaluation, current medication regimen and the current request for a psychological evaluation, neuropsychologist evaluation and psychotherapist evaluation and gym membership for 6 months for use of pool and own therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership times 6 mos for use of pool and own therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47.

Decision rationale: Although the MTUS Guidelines stress the importance of a home exercise program and recommend daily exercises, there is no evidence to support the medical necessity for access to the equipment available with a gym/pool membership versus resistive thera-bands to perform isometrics and eccentric exercises. It is recommended that the patient continue with the independent home exercise program as prescribed in physical therapy. The accumulated wisdom of the peer-reviewed, evidence-based literature is that musculoskeletal complaints are best managed with the eventual transfer to an independent home exercise program. Most pieces of gym equipment are open chain, i.e., the feet are not on the ground when the exercises are being performed. As such, training is not functional and important concomitant components, such as balance, recruitment of postural muscles, and coordination of muscular action, are missed. Again, this is adequately addressed with a home exercise program. Core stabilization training is best addressed with floor or standing exercises that make functional demands on the body, using body weight. These cannot be reproduced with machine exercise units. There is no peer-reviewed, literature-based evidence that a gym membership or personal trainer is indicated nor is it superior to what can be conducted with a home exercise program. There is, in fact, considerable evidence-based literature that the less dependent an individual is on external services, supplies, appliances, or equipment, the more likely they are to develop an internal locus of control and self-efficacy mechanisms resulting in more appropriate knowledge, attitudes, beliefs, and behaviors. Pool Therapy does not seem appropriate as the patient has received land-based Physical therapy. There is no records indicating intolerance of treatment, incapable of making same gains with land-based program nor is there any medical diagnosis or indication to require Aqua therapy at this time. The patient is not status-post recent lumbar or knee surgery nor is there diagnosis of morbid obesity requiring gentle aquatic rehabilitation with passive modalities. The patient has completed formal sessions of PT and there is nothing submitted to indicate functional improvement from treatment already rendered. There is no report of new acute injuries that would require a change in the functional restoration program. There is no report of acute flare-up and the patient has been instructed on a home exercise program for this injury. The request for gym membership times 6 months for use of pool and own therapy is not medically necessary and appropriate.

Psychological evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7-Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, treatment and follow-up of care should be based on appropriateness and medical necessity. Submitted reports have not demonstrated the indication for further psychological treatment and evaluation and what specific medication and psychological management that would require immediate close monitoring of care for this chronic injury of 2011 that has not shown functional long-lasting benefit from multiple conservative care including diagnostic testing, multiple consultations with neurology, facial pain specialist, behavioral pain management specialists and psychiatrists, biofeedback therapy, temporomandibular joint (TMJ) appliance, trigger point injections and medications for a patient with continued severe chronic pain without change. Submitted reports have not adequately identified acute red-flag conditions, progressive clinical deterioration or new injury for continued psychological evaluations or described any functional effectiveness from treatment rendered. The request for psychological evaluation is not medically necessary and appropriate.

Neuropsychologist evaluation and psychotherapist evaluation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page Chapter 7-Independent Medical Examinations and Consultations, page 127.

Decision rationale: Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, treatment and follow-up of care should be based on appropriateness and medical necessity. Submitted reports have not demonstrated the indication for further psychological treatment and evaluation and what specific medication and psychological management that would require immediate close monitoring of care for this chronic injury of 2011 that has not shown functional long-lasting benefit from multiple conservative care including diagnostic testing, multiple consultations with neurology, facial pain specialist, behavioral pain management specialists and psychiatrists, biofeedback therapy, temporomandibular joint (TMJ) appliance, trigger point injections and medications for a patient with continued severe chronic pain without change. Submitted reports have not adequately identified acute red-flag conditions, progressive clinical deterioration or new injury for continued psychological evaluations or described any functional effectiveness from treatment rendered. The request for neuropsychologist evaluation and psychotherapist evaluation is not medically necessary and appropriate.