MAXIMUS Federal Services

Case Number:	CM15-0075768		
Date Assigned:	05/28/2015	Date of Injury:	04/29/2003
Decision Date:	06/25/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/20/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 (IW) is a 51 year old female who sustained an industrial injury on 04/29/2003. The original report of injury is not included in the records, however the worker recalls that she was working in a warehouse and injured her right shoulder as a result of lifting heavy materials while unloading a truck. The injured worker was diagnosed with a MRI as having a rotator cuff tear and was treated with surgical intervention. Since having the surgery, she has been experiencing a chronic pain in her right shoulder and neck regions. For the chronic pain, she has been treated with cortisone injections, transcutaneous electrical nerve stimulation (TENS) unit, oral pain medications, and work modifications. Currently, (03/09/2015) the injured worker complains of chronic pain for which she states she has been taking at least one Vicodin a day. She complains of "problems" with her liver and gastric upset for which she would like Prilosec but is not receiving any. On examination she is positive for right neck pain radiating to the right levator scapulae and trapezius and right periscapular muscles. The treatment plan is to refer to chronic pain management. A request is made for a consult with psychologist (screening), Cognitive / Behavioral therapy group 2 x 6 (includes nutrition, physical therapy for chronic pain), and Physician Consult for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult with psychologist (screening): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and pain chapter- Office guidelines and pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, there was no clarification of a mental health disorder, indication for a spinal cord stimulator placement or need for a psychologist substantiated. The claimant was noted to have good mood. In addition, as noted below, the need for CBT is not medically necessary and the request for a psychologist is not medically necessary based on the information provided.

Cognitive / Behavioral therapy group 2 x 6 (includes nutrition, physical therapy for chronic pain): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Official Disability Guidelines Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT/Multidisciplinary program Page(s): 31.

Decision rationale: According to the guidelines, outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed. In this case, the claimant had already undergone surgery. Rest and medications have relieved symptoms such that there is no mention of significant loss of function. The amount of CBT sessions also exceeds the amount recommended by the guidelines. The request for 12 sessions of CBT is not medically necessary.

Physician Consult for medications: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- pain chapter and office visit pg 92.

Decision rationale: According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex , when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinees' fitness for return to work. In this case, the claimant's pain was controlled with NSAIDs and rest. There was no indication for additional specialist intervention or medications required through pain management. The request for consultation is not substantiated and not medically necessary.