

Case Number:	CM15-0079240		
Date Assigned:	04/30/2015	Date of Injury:	01/30/2013
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/24/2015

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: 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 injured worker is a 52 year old female, who sustained an industrial injury on January 30, 2013. She reported falling down seven steps with a brief period of complete loss of consciousness and significant swelling palpable at the posterior aspect of the head. The injured worker was diagnosed as having chronic pain, history of concussion, vestibular dysfunction, anxiety and headaches. Treatment to date has included MBT therapy, chiropractic treatments, MRI, electrodiagnostic testing, and medication. Currently, the injured worker complains of headache and cervical pain. The Treating Physician's report dated March 10, 2015, noted the injured worker with decreased tenderness to palpation of the cervical spine, with cervicobrachial muscle spasms of the right upper trapezius and right paraspinals with positive trigger points with twitch response. The injured worker was noted to have completed MRT sessions with a Brain treatment Center, with infrequent, intermittent headaches. The treatment plan was noted to include an ultrasound guided right trapezius trigger point injections (TPIs), and a pain psychology consultation. On 1/20/15 the primary treating physician notes that this individuals affect is normal and positive, this is confirmed on follow up 3/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology consultation and testing: 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 Psychological Evaluations Page(s): 101, 102.

Decision rationale: MTUS Guidelines supports Psychological Evaluations and possible treatment when their is are clearly documented issues associated with an injury and/or chronic pain. The requesting physician clearly documents a normal affect and positive attitude. Under this circumstance, the medical necessity of psychological testing is not established and is not supported by Guidelines. The request for pain psychology consultation and testing is not medically necessary.

Physical therapy 2 times a week for 6 weeks 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: MTUS Guidelines recommend limited physical therapy for chronic musculoskeletal conditions with the goal of an independent rehabilitation program. The Guidelines recommend that up to 8-10 sessions are adequate for this individuals condition. There is no updated documentation of prior physical therapy amounts or results. The request for 12 sessions of physical therapy exceeds Guideline recommendations and there are no unusual circumstances to justify an exception to Guidelines. The physical therapy 2 times a week for 6 weeks cervical spine is not medically necessary.