MAXIMUS Federal Services

Case Number:	CM15-0079490		
Date Assigned:	04/30/2015	Date of Injury:	11/19/2014
Decision Date:	06/12/2015	UR Denial Date:	03/24/2015
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: Maryland, Texas, Virginia
Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 31 year old, female who sustained a work related injury on 11/19/14. The diagnoses have included lumbar myofascial pain, sacroiliitis and coccydynia. The treatments have included activity modification, stretching, heat therapy, TENS unit therapy and home exercises. In the PR-2 dated 2/13/15, the injured worker complains of low back pain. She rates her pain level at 8/10. She states her condition is "worsening." She complains of depression and anxiety. She states the pain medication is enabling her to maintain activities of daily living. She states she has increased tolerance to activity and improved function with current dosing of pain medication. The treatment plan includes requests for lumbar physical therapy and a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 3 x 4 for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-315, Chronic Pain Treatment Guidelines Physical therapy, physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate the patient has received previous physical therapy but does not document results. As such, the request for Physical therapy 3 x 4 for the lumbar spine is not medically necessary.

Psychological consultation with follow-up: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological treatment, Cognitive Behavioral Therapy (CBT).

Decision rationale: MTUS Pain guidelines and ODG refer to cognitive behavioral psychotherapy as "Recommended for appropriately identified patients during treatment for chronic pain". MTUS details that "Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work." ODG further states that "Initial therapy for these 'at risk' patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone: Initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)". The patient is being referred for depression. The treating physician does not indicate why an initial evaluation would not be referred to her primary care physician for additional evaluation. The treating physician also did not indicate what question(s) is to be asked by the psychologist. The medical records do not indicate that there are psychological symptoms present to substantiate for a referral. As such, the request for Psychological consultation with follow-up is not medically necessary.