

Case Number:	CM13-0034247		
Date Assigned:	07/07/2014	Date of Injury:	08/12/2011
Decision Date:	08/12/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 57-year-old female who reported an injury on 08/12/2011. The mechanism of injury was not provided. On 05/29/2014, the injured worker presented with low back and neck pain. She also reported pain over her bilateral feet and hands. Diagnoses were status post C5-6 disc replacement surgery 2012, pain over the neck and upper extremities with associated paresthesias. Prior therapy included surgery, medication, and physical therapy. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Work loss data institute Official Disability Guidelines (ODG) Preface to Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): page(s) 98.

Decision rationale: The request for physical therapy x8 is not medically necessary. The California MTUS states that active therapy is based on the philosophy that therapeutic exercise

and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapy at home as an extension of the treatment process in order to maintain improvement levels. The guidelines allow for up to 10 visits of physical therapy for up to 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. The amount of physical therapy visits that the injured worker has already completed was not provided. Additionally, injured workers are instructed and expected to continue active therapies at home; there are no significant barriers to transitioning the injured worker into an independent home exercise program. The provider's request does not indicate the site that the physical therapy was intended for or the frequency of the requested therapy in the request as submitted. As such, the request is not medically necessary.

Pain management/ Psychotherapy x 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation The Official Disability Guidelines Online version (<http://www.odg-twc.com/odgtwc/pain.htm#Chronicpainprograms>).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for pain management/psychotherapy x10 is not medically necessary. The California MTUS Guidelines recommend a psychotherapy referral after a 4-week lack of progress from physical medicine alone. An initial trial date of 4 physical therapy visits over 2 weeks would be recommended, and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment, including quantifiable data, in order to demonstrate significant deficits which would require therapy, as well as establish a baseline by which to assess improvements during therapy. The request for psychotherapy visits x10 exceeds the recommendation of the guidelines. As such, the request is not medically necessary.

Functional restoration program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Programs (FRPs).

Decision rationale: The request for a functional restoration program is not medically necessary. The California MTUS states that functional restoration programs incorporate components of exercise progression with disability management and psychosocial intervention. Long-term evidence suggests that the benefit of these programs diminish over time. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy, as documented by

subjective and objective gains. The criteria for use include adequate and thorough evaluation, including detailed functional testing, so that follow-ups of the same test can note functional improvement. Previous conservative measures have been unsuccessful; significant loss of ability to function independently resulting from chronic pain; the injured worker is not a candidate for surgery; and the injured worker exhibits motivation to change. The included medical documentation lacked evidence of an adequate and thorough evaluation that include baseline functional testing. There is also a lack of evidence that the injured worker has failed conservative care treatments to include medications and physical therapy. Negative predictors of success have not been addressed in the documentation provided. As such, the request is not medically necessary.

Psychologist referral: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Multidisciplinary pain programs. Decision based on Non-MTUS Citation The Official Disability Guidelines(ODG), Cognitive Behavioral Therapy (CBT) Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404.

Decision rationale: The request for a psychologist referral is not medically necessary. The California MTUS/ACOEM states specialty referral may be necessary when injured workers have significant psychopathology or serious medical comorbidities, segmental illness, or chronic conditions; so establishing a good working relationship with an injured worker may facilitate a referral for the return to work process. It is recognized that primary care physicians and other non-psychological specialists may 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; while common psychiatric conditions such as mild depression be referred to a specialist after symptoms continue for more than 6 to 8 weeks. The included medical documentation lacked evidence of significant deficits related to the injured worker's mental health. There are no signs and symptoms of a diagnosis that would be congruent for referral to a psychologist. As such, the request is not medically necessary.

Cymbalta: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective serotonin and norepinephrine reuptake inhibitors (SNRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 43.

Decision rationale: The request for Cymbalta is not medically necessary. California MTUS Guidelines recommend Cymbalta as an option in first-line treatment for neuropathic pain. The assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, change in use of other analgesic medication, sleep quality and duration, and psychological assessment. There is a lack of evidence of an objective assessment of the injured

worker's pain level. Furthermore, there is a lack of documented evidence of efficacy of the injured worker's medication. The frequency of the medication was not provided in the request as submitted. Therefore, the request is not medically necessary.