

<b>Case Number:</b>	CM13-0052973		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/19/2009
<b>Decision Date:</b>	03/12/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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 patient is a 45 year old male with date of injury 07/19/09. The listed diagnoses per [REDACTED] dated 09/04/13 are chronic pain syndrome, myalgia, dysthymic disorder, pain in joint, lower leg, degeneration of lumbar or lumbosacral intervertebral disc, low back pain, degenerative disc disease, cervical, cervicgia, lumbar radiculitis -bilateral L5 and S1 and chondromalacia of left patella - MRI dated 09/22/09. According to progress report dated 09/04/13 by [REDACTED], the patient presents with neck and low back pain. He continues to feel that his medications help to decrease pain and increase his function. He rates his pain at 6/10 with medication use. He continues to experience increased pain with prolonged standing, sitting, walking, bending, lifting, and laying down. Pain is decrease with sitting, standing, laying, medications and physical therapy. The objective findings show 5/5 bilateral lower extremity strength. Sacroiliac joints are non-tender. Negative for Patrick's sign and Gaenslen's maneuver. There is tenderness over the lumbar paraspinals and pain with lumbar flexion and extension. Straight leg raise elicits low back pain. Gait is normal. The patient is wearing a left knee brace. There is pain with extension and flexion of the left knee and tenderness at the patellar tendon. The provider is requesting 6 additional physical therapy sessions for the knee and 6 psychotherapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for physical therapy two times a week for three weeks: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98-99.

**Decision rationale:** This patient presents with chronic neck, low back and knee pain. The provider is requesting 6 additional physical therapy sessions for the knee. The physical therapy report dated 11/27/13 indicates that the patient is tolerating exercises and seems to indicate that the patient only had 2 sessions. The California MTUS guidelines pages 98 and 99 for Physical Medicine recommends 8-10 visits for myalgia, myositis and neuralgia type symptoms. In this case, the available reports show only 2 sessions of therapy in the recent past and the provider's request for additional 6 sessions appear reasonable and within the guidelines. Recommendation is for authorization

**The request for 6 sessions of psychotherapy with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Mental Illness & Stress Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatments Section Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Cognitive Behavioral Therapy.

**Decision rationale:** This patient presents with chronic neck, low back and knee pain. The provider is requesting 6 psychotherapy with [REDACTED]. This request was denied by utilization review from 10/18/13 citing lack of documentation of mood deterioration For psychological treatments, MTUS guidelines pages 101 and 102 recommends it for appropriately identified patients during treatment for chronic pain MTUS goes onto state that 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. For number of treatments, MTUS recommends initial trial of 3-4 sessions and with improvement, additional treatments. A review of the treating physician's report 10/02/13 well documents the patient's depression status via PHQ-9 depression screening. The patient scored 15 indicating moderately severe depression without suicidal ideation. The patient apparently has started seeing a psychiatrist through [REDACTED] system due to denial of the requested psychotherapy treatments. In this case the provider has provided adequate documentation of the patient's psychological problems and treatments are supported by MTUS guidelines. However, MTUS only allows 3-4 initial trail visitation before additional treatments are allowed. The current request for 6 sessions unfortunately exceeds what is allowed by MTUS guidelines. Recommendation is for denial.