

Case Number:	CM13-0056329		
Date Assigned:	12/30/2013	Date of Injury:	08/18/2011
Decision Date:	05/06/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/22/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 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:

This is a female patient with the date of injury of August 18, 2011. A progress report dated November 8, 2013 identify subjective complaints of neck pain traveling to both shoulders particularly the right shoulder with weakness of the deltoids. The patient also complains of low back pain radiating into the right leg, headaches, and stress. Activities of daily living are limited. Objective examination findings identify reduced range of motion in the right shoulder with weakness, positive Neer's impingement test, and tenderness to palpation over the subacromial region and lateral shoulder. Diagnoses include cervical spine sprain/strain, thoracic spine sprain/strain, lumbar spine sprain strain/strain, lumbar radiculopathy, right shoulder rotator cuff impingement, and anxiety from chronic pain. The current treatment plan indicates that the patient has significant disability due to her right shoulder. The note recommends a right shoulder MRI due to loss of motion and continued disability. The note recommends 6 visits of physical therapy for the neck and shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, MRI.

Decision rationale: Occupational Medicine Practice Guidelines state that more specialized imaging studies are not recommended during the 1st month to 6 weeks of activity limitation due to shoulder symptoms except when a red flag is noted on history or examination. Cases of impingement syndrome are managed the same whether or not radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. Guidelines go on to recommend imaging studies for physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. ODG recommends MRI of the shoulder for subacute shoulder pain with suspicion of instability/labral tear or following acute shoulder trauma with suspicion of rotator cuff tear/impingement with normal plain film radiographs. Within the documentation available for review, it does not appear the patient has failed conservative treatment directed towards the shoulder. The treating physician is currently requesting physical therapy for the shoulder, and it seems reasonable to await the outcome of that prior to embarking on any additional diagnostic work-up. Finally, it is unclear how an MRI will change the patient's current treatment plan. In the absence of clarity regarding those issues, the currently requested right shoulder MRI is not medically necessary.

3-10 sessions of cognitive behavioral therapy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 100-102. Decision based on Non-MTUS Citation ODG, Chronic Pain Chapter, Behavioral Interventions.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it is unclear whether the patient has previously undergone any psychological treatment. Additionally, there is not recent thorough evaluation of the patient's psychological well-being, or any discussion regarding treatment goals to be addressed with the cognitive behavioral therapy. Finally, guidelines do support a 6 visit trial, but do not support the initial approval of 10 visits of cognitive behavioral therapy, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested 3-10 sessions of cognitive behavioral therapy are not medically necessary.

Trial of 3-4 psychotherapy visits over two weeks, up to 6-10 visits over 5-6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Psychotherapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment, Behavioral Interventions Page(s): 100-102.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. Within the documentation available for review, it is unclear whether the patient has previously undergone any psychological treatment. Additionally, there is not recent thorough evaluation of the patient's psychological well-being, or any discussion regarding treatment goals to be addressed with the cognitive behavioral therapy. Finally, guidelines do support a 6 visit trial, but do not support the initial approval of 10 visits of psychotherapy, and there is no provision to modify the current request. In the absence of clarity regarding those issues, the currently requested 3-4 psychotherapy visits over two weeks, up to 6-10 visits over 5-6 weeks are not medically necessary.