

Case Number:	CM13-0066185		
Date Assigned:	04/02/2014	Date of Injury:	12/10/2011
Decision Date:	04/30/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation 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 patient is a 49-year-old female with date of injury of 12/10/2011. Per treating physician's report, 11/11/2013, this patient presents with complaints of neck pain, shoulder pain, left hip pain, upper back pain with a diagnosis of cervicothoracic strain, regional myofascial pain in the neck and shoulder girdles, lumbar sprain with regional myofascial pain in the low back and hip girdle.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 TIMES A WEEK FOR 5 WEEKS FOR HANDS ON MYOFASCIAL AND TRIGGER POINT WORK FOR CERVICAL AND LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99.

Decision rationale: This patient presents with chronic neck, low back, upper extremity symptoms. There is a request for physical therapy 2 times a week for 5 weeks. Review of the reports show that this request was on 11/11/2013 by [REDACTED]. On 07/10/2013, there is a

physical therapy initial evaluation report where physical therapy treatments were provided. I do not believe [REDACTED] was aware of this as he does not mention this on his initial evaluation. MTUS Guidelines recommend 8 to 10 sessions for myalgia, myositis, neuralgia, and neuritis-type of conditions that this patient suffers from. Given that this patient already had physical therapy in July of 2013, there does not appear to be a reason to repeat same course of physical therapy treatments without understanding whether or not physical therapy has been helpful and what goals were achieved. MTUS Guidelines also only allow up to 10 sessions of physical therapy without specifying timeframe, for this type of condition, recommendation is for denial.

PAIN MANAGEMENT COUNSELING 1 TIME A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES ODG-TWC MENTAL ILLNESS & STRESS PROCEDURE SUMMARY LAST UPDATED 05/13/2013

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS /PSYCHOLOGICAL TREATMENT Page(s): 23.

Decision rationale: This patient presents with chronic, neck, and upper extremity as well as low back pains. There is a request for pain management counseling with mental health specialist for 6 sessions. MTUS Guidelines do allow for cognitive behavioral therapy. It states that this is recommended for appropriately identified patients during treatment for chronic pain. However, the initial trial of 3 to 4 psychotherapy visits are allowed for 2 weeks and with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks. In this case, the request is for 6 sessions. There is no evidence that the patient has had previously been treated with cognitive behavioral therapy. The request is for initial treatments and MTUS Guidelines only allow 3 to 4 sessions. The current request exceeds what is allowed by MTUS for initial trial. Recommendation is for denial.