MAXIMUS Federal Services

Case Number:	CM13-0070559		
Date Assigned:	01/08/2014	Date of Injury:	04/17/2008
Decision Date:	04/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 Occupational 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:

The patient is a represented [redacted] employee, who has filed a claim for chronic pain reportedly associated with an industrial injury of April 17, 2008. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; psychotropic medications; unspecified amounts of physical therapy over the life of the claim; and reported return to regular duty work. In a utilization review report of November 25, 2013, the claims administrator denied a request for twelve sessions of physical therapy, partially certified a request for twelve sessions of acupuncture as 6 sessions of acupuncture, partially certified a request for Cymbalta as a three month supply of the same, and denied a request for consultation with a pain management to consider corticosteroid injections for the neck. In a letter dated December 9, 2013, the patient treating provider states that the patient's function and mobility of the neck was improved with earlier physical therapy. It is stated that the patient has not had specific reinjury but has ongoing chronic neck pain. It is stated that the patient would benefit from consultation with a chronic pain specialist. In a letter dated December 24, 2013, the patient complaints that the utilization review agent and claims administrator have not been notifying her of denials, approvals, or modifications since she moved despite her having notified them. The patient states that the acupuncture is minimizing her reduction in dependence of medications. The patient states that she would like to have two visits of acupuncture approved for every calendar month per year. The patient states that a QME has endorsed pain management consultation in the past. The patient states that her goal is to reduce pain medication consumption as she is having dyspepsia with the same. A handwritten progress note of November 18, 2013 is sparse, notable for ongoing complaints of neck pain and depression secondary to ongoing pain. The patient is depressed and tearful. Diminished neck range of motion is noted. The patient is given diagnosis of chronic

neck pain and depression. Twelve sessions of physical therapy, twelve sessions of acupuncture, a trial of Cymbalta, and a pain management consultation are sought. The patient is asked to cease Wellbutrin. The patient has returned to regular duty work. The patient states that the Wellbutrin has never worked in the past. Her comorbidities include asthma, irritable bowel syndrome, migraines, depression and generalized anxiety disorder. The patient's medication list includes baclofen, Vicodin, Lyrica, Prilosec, Lidoderm, Wellbutrin, and Singulair.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY, CERVICAL, TWICE PER MONTH FOR SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The twelve session course of treatment, in and off itself, represents treatment in excess of the nine to ten session course recommended in the Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts, the issue seemingly present here. It is further noted that the Chronic Pain Medical Treatment Guidelines do endorse tapering or fading the frequency of treatment over time and emphasizing the importance of self-directed home physical medicine. The twelve session course of treatment being proposed here, thus, runs counter to the Chronic Pain Medical Treatment Guidelines. Therefore, the request of physical therapy twice a month for each of six months is not medically necessary or appropriate. review.

ACUPUNCTURE SESSIONS, CERVICAL, TWICE PER MONTH FOR SIX MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in the Acupuncture Medical Treatment Guidelines, the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." In this case, the twelve session course of treatment represents treatment twice that recommended in the Acupuncture Medical Treatment Guidelines. While it appears that the patient may have responded favorably to acupuncture at an earlier point in time. Overall treatment twice that endorsed in the Acupuncture Medical Treatment Guidelines cannot be supported without some compelling rationale or justification, which is absent here. The request for acupuncture sessions, cervical, twice per month for six months, is not medically necessary or appropriate.

CYMBALTA: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The patient is, per the treating provider, employing Cymbalta for depression proposes, not chronic pain purposes, although it is incidentally noted that the patient appears to be suffering from both issues. Earlier antidepressants, including Wellbutrin, were reportedly ineffective. As the Stress Related Conditions Chapter of the ACOEM Practice Guideline states, it may "take weeks" for antidepressants such as Cymbalta to exert their maximal effect, the three-month supply of Cymbalta prescribed by the attending provider does, thus, provide more- or less conform to ACOEM parameters. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review. The request for Cymbalta is medically necessary and appropriate.

CONSULTATION WITH A PAIN MANAGEMENT SPECIALIST FOR CORTISONE INJECTIONS IN THE NECK: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, the presence of peristent complaints, which prove recalcitrant to conservative management should lead a primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the patient's chronic pain issues have in fact proven recalcitrant to conservative management and would benefit from the added expertise of the physician specializing in chronic pain, such as pain management specialist. Therefore, the utilization review decision is overturned. The request for a consultation with a pain management specialist for cortisone injections in the neck is medically necessary and appropriate.