

Case Number:	CM14-0005377		
Date Assigned:	01/24/2014	Date of Injury:	08/20/2010
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 59-year-old female who has submitted a claim for cervicgia and degeneration of cervical intervertebral disc associated with an industrial injury date of August 20, 2010. The patient complains of axial neck and back pain graded 7/10 with radiculopathy. Physical examination showed limitation of motion; tenderness of the cervical spine and upper trapezius; decreased sensation to light touch and pinprick in the entire left hand; and a wide-based gait with the left leg externally rotated. The diagnoses include degenerative disease of the cervical spine with severe stenosis, status post surgery with post surgical speech problems; lumbar spinal stenosis; PTSD; major depressive disorder; generalized anxiety disorder; and social phobia. The patient is currently taking 2-3 Norco 10/325mg per day along with Lyrica 50mg BID. The patient was noted to have previous speech therapy sessions since February 14, 2012 with notable improvements, based on a summary report dated October 23, 2013. She also had an initial Psychiatric evaluation on October 30, 2012 with follow-up visits, and an unspecified number of previous psychotherapy sessions since November 2012. She was prescribed with Cymbalta by her psychiatrist. Based on a progress report on October 18, 2013, the impression was idiopathic skeletal hyperostosis/Forester's disease, a form of degenerative arthritis, based on the plain radiographs of the spine and knees; hence, the referral to rheumatology. Other treatment plan includes continuation of present pain medications, physical therapy to improve the gait, psychiatric visits, psychotherapy and speech therapy. Treatment to date has included oral analgesics, cognitive behavioral therapy, acupuncture, speech therapy, cervical spine surgery, pool therapy, home exercise program and physical therapy. Utilization review from January 3, 2014 denied the requests for speech therapy 12 visits because there was no documentation regarding the visits of speech therapy the patient has completed to date; Rheumatology consult because there was no documentation of a CBC, sedimentation rate, or CRP rheumatology factor

to substantiate the need for a consult; and psychotherapy 18 sessions because there was no documentation of whether or not the patient has completed the previously certified 4 psychotherapy sessions. The request for Psychiatric visits for medication management per 12/24/13 QTY 12 was modified to QTY 1 because an initial psychiatry evaluation is warranted.

IMR ISSUES, DECISIONS AND RATIONALES

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

SPEECH THERAPY 12 SESSIONS (PER 12/24/13 FORM): 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) Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Speech Therapy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines, Head Chapter was used instead. ODG recommends speech therapy when documentation supports an expectation by the prescribing physician that measurable improvement is anticipated in 4-6 months. Treatment beyond 30 visits requires authorization. In this case, the patient was diagnosed to have post surgical speech problems. She had previous speech therapy sessions since February 14, 2012 with notable improvements, based on a summary report dated October 23, 2013. However, there was no documentation of the treatment goals. Moreover, there were no measurable objective findings of overall functional gains from the treatment. Also, the total number of previous speech therapy sessions was not specified. The medical necessity of additional speech therapy sessions was not established at this time. Therefore, the request for SPEECH THERAPY 12 SESSIONS (PER 12/24/13 FORM) is not medically necessary.

1 RHEUMATOLOGY CONSULTATION (PER 12/24/13 FORM): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations Chapter, pages 127 and 156.

Decision rationale: As stated on pages 127 and 156 in the ACOEM Independent Medical Examinations and Consultations chapter referenced by CA MTUS, occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex. In this case, the impression for the patient's condition was idiopathic skeletal hyperostosis/Forester's

based on the plain radiographs of the spine and knees. However, the formal reports of the imaging studies were not available. Moreover, there was no documentation or discussion of rheumatological signs and symptoms in this patient. Recommendations should be based on the available evidence. The medical necessity has not been established at this time. Therefore, the request for 1 RHEUMATOLOGY CONSULTATION (PER 12/24/13 FORM) is not medically necessary.

18 SESSIONS OF PSYCHOTHERAPY, UNSPECIFIED FREQUENCY (PER 12/24/13 FORM): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVE BEHAVIORAL THERAPY Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23.

Decision rationale: Page 23 of the CA MTUS Chronic Pain Medical Treatment Guidelines state that behavioral modifications are recommended for appropriately identified patients during treatment for chronic pain to address psychological and cognitive function and address co-morbid mood disorder. An initial trial of 3-4 psychotherapy visits over 2 weeks are recommended; and with evidence of objective functional improvement, total up to 6-10 visits over 5-6 weeks. In this case, the patient was diagnosed with PTSD, major depressive disorder, generalized anxiety disorder, and social phobia. She had undergone an unspecified number of psychotherapy sessions since November 2012. However, there was no objective evidence of overall functional gains from the treatment. The guideline recommends initial trial visits with documentation of objective functional improvement prior to continued treatment. Moreover, the requested number of visits exceed the guideline recommendation. There is no clear rationale and indication to warrant additional psychotherapy sessions. Therefore, the request for 18 SESSIONS OF PSYCHOTHERAPY, UNSPECIFIED FREQUENCY (PER 12/24/13 FORM) is not medically necessary.

12 PSYCHIATRIC VISITS FOR MEDICATION MANAGEMENT (PER 12/24/13 FORM): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 1068, 1062-1067.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Office visits.

Decision rationale: As stated on page 405 of the ACOEM Stress-related Conditions Guidelines referenced by CA MTUS, frequency of follow-up visits may be determined by the severity of symptoms, whether the patient was referred for further testing and/or psychotherapy, and whether the patient is missing work. ODG Pain chapter states that the determination of clinical office visit is based on what medications the patient is taking, since some medicines such as

opiates, among others, require close monitoring. In this case, an initial Psychiatric evaluation was done on October 30, 2012 wherein the patient was diagnosed with PTSD, major depressive disorder, generalized anxiety disorder, and social phobia. Follow-up visits were noted from the medical records, and the most recent progress report shows that the patient is currently on Cymbalta. The medical necessity for medication monitoring has been established. However, there is no discussion concerning the rationale for the number of visits requested. Therefore, the 12 PSYCHIATRIC VISITS FOR MEDICATION MANAGEMENT (PER 12/24/13 FORM) is not medically necessary.