

Case Number:	CM14-0016722		
Date Assigned:	04/11/2014	Date of Injury:	08/06/2012
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/10/2014

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 & 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 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 injured worker is a 27-year-old female who reported an injury on 08/06/2012. The mechanism of injury was not stated. Current diagnosis is chronic pain syndrome. The injured worker was evaluated on 10/30/2013. The injured worker reported persistent mood symptoms with activity limitation and sleep disturbance. The injured worker has participated in cognitive behavioral therapy. Physical examination was not provided. Treatment recommendations included authorization for an additional 6 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 12 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE, BEHAVIORAL INTERVENTIONS Page(s): 98-99, 23.

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

Decision rationale: The California MTUS Guidelines indicate that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Treatment for myalgia and myositis includes 9 to 10 visits over 8 weeks. Treatment for neuralgia, neuritis, and

radiculitis includes 8 to 10 visits over 4 weeks. There was no comprehensive physical examination provided for review. The current request for 12 sessions of physical therapy exceeds guideline recommendations. There is also no body part listed in the current request. Therefore, the request is non-certified.

COGNITIVE BEHAVIORAL THERAPY 6 SESSIONS FOR CHRONIC PAIN AND CERVICOBRACHIAL SYNDROME: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN, PAGE 23 BEHAVIORAL INTERVENTIONS

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

Decision rationale: The California MTUS Guidelines indicate that cognitive behavioral therapy is recommended. California MTUS Guidelines utilized ODG (official disability guidelines) cognitive behavioral therapy guidelines for chronic pain which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The injured worker has participated in an unknown amount of cognitive behavioral therapy to date. There is no documentation of objective functional improvement. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.