MAXIMUS Federal Services

Case Number:	CM14-0018491		
Date Assigned:	04/18/2014	Date of Injury:	07/10/1998
Decision Date:	06/30/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/13/2014

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 & 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 50 year-old female court reporter sustained a repetitive strain injury on 7/10/1998 while employed by the [redacted]. Requests under consideration include Cervical Traction Unit And Continued Psychotherapy For Pain Management/ Coping Skills. She Has Received Extensive Treatment For Chronic Symptoms Involving The neck and upper extremity pain and is considered permanently disabled. Conservative care has included extensive medications, physical therapy, psychotherapy, biofeedback, group therapy, sympathetic blocks x4 with little benefit, off work status, ergonomic evaluation, acupuncture, right shoulder injections, massage, housekeeping services, aquatic threapy, home muscle stimulator unit, left occipital nerve injections, and cervical traction unit. Report of 1/14/14 from the provider noted persistent chronic neck, back and right shoulder pain. TENS unit and cervical traction helped with pain control. Trigger point injections helped with muscle spasm. Multiple meds helped with pain and sleep. Psychotherapy helped with pain coping and mood. Exam showed anxious and depressive signs; TTP of shoulder with +/- impingement signs. Diagnoses included Ulnar neuropathy of the elbows; CRPS; Chronic pain syndrome with depression. Treatment included multiple medications refills, psychotherapy management, continued TENS unit, cervical traction unit, and occipital nerve and cervical paraspinal injections and permanently disability. The Cervical traction unit and continued Psychotherapy were non-certified on 2/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL TRACTION UNIT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Acute And Chronic Neck And Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

Decision rationale: Per ACOEM Treatment Guidelines for the upper back and neck, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. Per ODG, cervical traction is recommended for patients with radicular symptoms, in conjunction with a home exercise program, not clearly demonstrated here. In addition, there is limited documentation of efficacy of cervical traction beyond short-term pain reduction. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. The provider noted it helped with pain control; however, there were no demonstrated functional improvement with ADLs, decrease in medication usages and dosages, or decrease in medical utilization for this chronic injury of 1998. Submitted reports have not demonstrated the indication or medical necessity for this traction unit for this chronic injury without new injury or acute flare-up. Therefore, the request for Cervical Traction Unit is not medically necessary and appropriate.

CONTINUED PSYCHOTHERAPY FOR PAIN MANAGEMENT/COPING SKILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: The patient has received extensive treatment for chronic symptoms involving the neck and upper extremity pain and is considered permanently disabled. Conservative care has included extensive medications, physical therapy, psychotherapy, biofeedback, group therapy, sympathetic blocks x4 with little benefit, off work status, ergonomic evaluation, acupuncture, right shoulder injections, massage, housekeeping services, aquatic threapy, home muscle stimulator unit, left occipital nerve injections, and cervical traction unit. The patient is considered permanently disabled for this chronic 1998 injury and continues to treat extensively for pain complaints without report of new injury or acute flare-ups. Clinical findings remained unchanged and previous psychological treatment has not resulted in any correlated functional improvement in terms of increase in ADLs, objective vocational improvement, decrease in medication usage and dosages, or decrease in medical utilization for this chronic injury. Submitted reports have not described why additional sessions are needed or identified what specific goals are to be obtained from the additional psychotherapy treatment to meet guidelines criteria to continue treatment. MTUS guidelines support continued treatment with

functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no new findings or clinical documentation to support the continued Psychotherapy. Therefore, the request for Continued Psychotherapy For Pain Management/Coping Skills is not medically necessary and appropriate.