

Case Number:	CM14-0136713		
Date Assigned:	09/03/2014	Date of Injury:	01/10/2011
Decision Date:	09/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family 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:

This is 58-year-old female patient reported an industrial injury on 1/10/2011, over 3 ½ years ago, attributed to the performance of her customary job tasks reported as a slip and fall. The patient complains of neck and lower back pain. The patient has been treated with medications; PT; acupuncture; ESIs; facet injections; and a FRP during 2012. The patient is diagnosed with chronic low back pain; lumbar spine DDD; cervicalgia and disorder of the bursa and tendons in the shoulder. The treatment plan included additional PT and behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-300, Chronic Pain Treatment Guidelines physical medicine Page(s): 97-98.

Decision rationale: The request is for authorization of Physical Therapy 2x4 sessions directed to the neck and back 3 1/2 years after the DOI exceeds the number of sessions of PT recommended by the CA MTUS and the time period recommended for rehabilitation. The evaluation of the patient documented no objective findings on examination to support the medical necessity of

physical therapy 3 years after the cited DOI with no documented weakness or muscle atrophy as opposed to a self-directed HEP. There are no objective findings to support the medical necessity of Physical Therapy 2x5 sessions to the neck, shoulder, and back for the rehabilitation of the patient over the number recommended by evidence-based guidelines. The patient is documented with no signs of weakness, no significant reduction of ROM, or muscle atrophy. There is no demonstrated medical necessity for the prescribed PT to the neck and back 3 1/2 years after the DOI after the patient was documented to have completed a FRP. The patient is not documented to be in HEP. There is no objective evidence provided by the provider to support the medical necessity of the requested sessions of 2x5 additional sessions of PT over a self-directed home exercise program as recommended for further conditioning and strengthening. The CA MTUS recommend up to nine-ten (9-10) sessions of physical therapy over 8 weeks for the shoulder for sprain/strains. The CA MTUS recommends ten (10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine rehabilitation subsequent to lumbar/cervical strain/sprain with integration into HEP. The provider did not provide any current objective findings to support the medical necessity of additional PT beyond the number recommended by evidence-based guidelines. The current prescription for additional physical therapy represents maintenance care. There is no demonstrated medical necessity for the requested 2x5 additional sessions of physical therapy. The request is not medically necessary.

Behavioral treatment 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ; chapter 6--page 115; Pain chapter 2008 pages 224-26. Official Disability Guidelines (ODG) Mental Stress Chapter--psychological evaluation; Cognitive therapy; Pain chapter psychological evaluations; behavioral interventions.

Decision rationale: The patient received prior sessions of CBT and has completed a Functional Restoration Program. The patient was received the recommended of behavioral therapy recommended by evidence-based guidelines. The patient is noted to be 3 years s/p DOI. The treating physician has provided no rationale supported by objective evidence to support the medical necessity of additional behavioral therapy in addition to the provided FRP. The ODG recommends up to 20 sessions of CBT over a period of 13-20 weeks for the provision of CBT in order to teaching pain coping skills. The patient has received prior session of CBT. The request for authorization of additional sessions of CBT is not supported with subjective/objective evidence to demonstrate medical necessity. The continued sessions are directed to the treatment of chronic pain issues, which were addressed in the FRP. The ACOEM guidelines state that there is sufficient evidence to support the medical necessity of psychological consultations and treatment for chronic pain issues; however, patients should be evaluated psychologically to explore factors maintaining chronic pain and disability and to facilitate recovery and restoration of function." The Official Disability Guidelines recommend that psychological evaluations are used "not only with selected use in pain problems, but also with more widespread use in subacute

and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." There is no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of any additional behavioral therapy for the effects of this industrial injury. The request is not medically necessary.