

<b>Case Number:</b>	CM14-0181746		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	02/04/2004
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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, has a subspecialty in Pain 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 injured worker is a 58 year-old male with a date of injury of February 4, 2004. The patient's industrially related diagnoses include degenerative joint disease of the right shoulder, thoracic facet arthropathy, costochondritis, headaches, anxiety, insomnia, and TMJ pain and bruxism. The disputed issues are psychological counseling 12 sessions, 16 physical therapy visits, 1-year gym membership, and 24 Yoga sessions. A utilization review determination on 10/9/2014 had non-certified these requests. The stated rationale for the denial of psychological counseling was: "The 9/15/2014 report does not document functional improvement from previous psychology therapy sessions. The 9/15/2014 report documents that the 'Mood and Affect: Normal.'" The stated rationale for the denial of physical therapy was: "The request is for passive and not active therapy, the use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes." The request for gym membership was denied because the progress report does not document need for equipment. Lastly, the stated rationale for the denial of yoga was: "The 9/15/2014 report does not document that yoga is medically necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Psychological Counseling 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 9, 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions

**Decision rationale:** In regard to the request for 12 sessions of psychological counseling, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be required. In the submitted documentation available for review, it is indicated that the injured worker has undergone previous psychological visits. In the progress report dated 9/15/2014, the treating physician noted that the injured worker was no longer seeing a psychologist. However, there was no documentation of objective functional improvement or improvement in the injured worker's psychological symptoms as a result of the sessions that he previously completed. Furthermore, there is no documentation indicating what additional treatment goals may remain following the sessions already provided. In the absence of clarity regarding these issues, the currently requested psychological counseling 12 sessions is not medically necessary.

**16 Physical Therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

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

**Decision rationale:** In regard to the request for physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. In the submitted documentation available for review, there is no indication of any specific objective treatment goals and no statement indicating why an independent program of home exercise would be insufficient to address any objective deficits as the injured worker's injury occurred in 2004. Furthermore, for this injured worker's diagnoses for which physical therapy was requested, the request exceeds the 10 sessions of PT recommended by the CA MTUS. Unfortunately, there is no provision for modification of the current request. In the absence of such documentation, the current request for physical therapy 16 sessions is not medically necessary.

## **1 year Gym membership: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online Gym memberships

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Gym Memberships

**Decision rationale:** In regard to the request for gym membership, Chronic Pain Medical Treatment Guidelines state that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. ODG states the gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Additionally, treatment needs to be monitored and administered by medical professionals. With unsupervised programs there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be a risk of further injury to the patient. In the submitted documentation available for review, there is no indication that the injured worker has failed a home exercise program with periodic assessment and revision. Furthermore, there is no indication that the injured worker requires equipment, has been trained on the use of gym equipment, or that the treating physician is overseeing the gym exercise program. In the absence of such documentation, the currently requested gym membership for 1 year is not medically necessary.

## **24 Yoga sessions: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 126.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Yoga Page(s): 126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Yoga

**Decision rationale:** In regard to the request for yoga, Chronic Pain Medical Treatment Guidelines recommend yoga as an option only for select, highly motivated patients since outcomes from this therapy are very dependent on a highly motivated patient. Therefore, the guidelines recommend approval where requested by a specific patient, but not adoption for use by any patient. The ODG states that yoga has also been found to be an effective treatment for depression. In the submitted documentation for review, there is indication that the injured worker has subjective complaints of anxiety and was diagnosed with anxiety and insomnia. Furthermore, the treating physician documented that the AME concluded that the injured worker's depression was due to his chronic pain. In the progress report dated 9/15/2014, the treating physician documented that the injured worker specifically requested yoga instructions. Based on the documentation, the request for yoga 24 sessions is medically necessary.