

Case Number:	CM14-0025142		
Date Assigned:	07/02/2014	Date of Injury:	08/16/2013
Decision Date:	08/13/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/27/2014

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:

The injured worker is a 42-year-old female with a reported date of injury on 08/16/2013. The injury reportedly occurred when some boxes fell on the injured worker's head and struck her from behind, pushing her to the floor. Her diagnoses were noted to include cervical disc disease and neck pain. The previous treatments were noted to include physical therapy, acupuncture, medications, and trigger point injections. The progress note dated 03/20/2014, revealed the injured worker complained of a severe headache that was inhibiting her from doing many activities. The physical examination revealed pain to palpation over the bilateral cervical paraspinal musculature around the occiput to the C5 level where there were tight bands felt. The injured worker had full strength in the upper extremities. The provider indicated the neck pain bilaterally was likely due to myofascial pain and myofascial tightness. The provider indicated the headaches were likely triggered by myofascial neck tightness and a residual from her postconcussion syndrome. The provider revealed the injured worker had not received a home exercise program. The progress note dated 06/05/2014 indicated the injured worker was continuing physical therapy. The physical examination revealed upper extremities with normal strength, sensation, and deep tendon reflexes were 3+. The injured worker reported she had been seeing a psychotherapist. The request for authorization form dated 05/10/2014 was for behavioral health psychotherapy 4 visits over 2 weeks; however, the provider's rationale was not submitted within the medical records. The request for authorization form dated 03/10/2014 was for physical therapy 2 days a week for 4 weeks to teach the injured worker a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 2 times a week for 4 weeks for the cervical spine: Upheld

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

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

Decision rationale: The injured worker has received previous physical therapy with improvement. The California Chronic Pain Medical Treatment Guidelines recommend active therapy 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. The patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommendation for myalgia and myositis is 9 to 10 visits over 8 weeks. The injured worker has received previous physical therapy sessions with noted improvement; however, there is a lack of current measurable objective functional deficits in regards to range of motion and motor strength and quantifiable objective functional improvements with previous physical therapy sessions. There is a lack of documentation regarding number of physical therapy sessions completed and the request for 8 sessions exceeds Guideline recommendations. Therefore, the request for physical therapy, 2 times a week for 4 weeks for the cervical spine is not medically necessary and appropriate.

Behavioral health psychotherapy visits, 2 times a week for 4 weeks: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Health and Illness, Cognitive therapy for depression.

Decision rationale: The injured worker has been seeing a psychotherapist. The Official Disability Guidelines recommend cognitive behavioral therapy for depression based on the meta-analysis that compare its use with pharmaceuticals. Cognitive behavioral therapy fared as well as antidepressant medication with severely depressed outpatients in 4 major comparisons. For panic disorder, cognitive behavioral therapy is more effective and more cost effective than medication. Primary forms of psychotherapy that have been most studied through research are cognitive behavioral therapy and interpersonal therapy. Delivering cognitive behavioral therapy by telephone is as effective as delivering it face to face in the short term, and telephone therapy is

safe and has a higher patient retention rate. The Guidelines recommend 13 to 20 visits over 7 to 12 weeks (individual sessions) if progress is being made with psychotherapy sessions. The injured worker indicated she had been seeing a psychotherapist; however, there is a lack of documentation regarding improvement with previous sessions as well as an unknown number of sessions completed. Therefore, the request for behavioral health psychotherapy visits, 2 times a week for 4 weeks is not medically necessary and appropriate.