

Case Number:	CM14-0033639		
Date Assigned:	06/20/2014	Date of Injury:	12/21/2012
Decision Date:	07/18/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/17/2014

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 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 41-year-old female with a reported date of injury on 12/21/2012. The injury reportedly occurred when the worker was harassed by a former coworker. The injured worker presented with anxiety and depression. According to the clinical information provided for review, the injured worker has undergone 44 psychotherapy sessions. The clinical note dated 06/19/2013, the injured worker reported decreased concentration, trouble reading, and spaciness. In addition, the injured worker indicated she had intermittent brief helplessness and despair. Within the clinical note dated 02/08/2014, the physician indicated that the injured worker had anxiety and depression, not doing well, and significant stress. The injured worker's diagnosis included anxiety, depression, and PTSD. The injured worker's medication regimen included Wellbutrin, Ativan, and Norco. The Request for Authorization for 6 physical therapy visits, 50 psychotherapy visits, and 1 gym membership for a year, 6 massage visits 1.5 hours each, and 6 acupuncture visits was submitted on 03/12/2014. The physician indicated that the rationale for the request was to minimize the trauma of the injured worker's situation, minimize her pain (both physical and mental), and also maximize support for the injured worker. Psychotherapy, physical therapy, massage, acupuncture, and access to a gym will help maximize the injured worker's support. The physician indicated that the injured worker needed tools provided to her, to help cope with her current situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT) for Chronic Pain.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine as indicated. 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. Active therapy requires an internal effort by the individual to complete a specific exercise or task. In addition, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines also recommend physical therapy visits of 8 to 10 visits over a 4-week period. The clinical documentation provided for review indicates that the injured worker has previously participated in physical therapy, the results of which were not provided within the documentation available for review. There was a lack of documentation related to the injured worker's functional deficits to include range of motion values. The guidelines state that injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. In addition, an additional request of 6 physical therapy visits exceeds the recommended guidelines. Therefore, the request for 6 physical therapy visits is non-certified.

Fifty psychotherapy visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL TREATMENT Page(s): 101.

Decision rationale: The California MTUS Guidelines state that psychological treatment is recommended for appropriately-identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders. If pain is sustained in spite of continued therapy, intensive care may be required from mental health professionals allowing for a multidisciplinary treatment approach. The clinical information provided for review indicates that the injured worker has participated in 44 psychotherapy visits. There was a lack of documentation related to the increase in functional ability and quality of life related to the 44 psychotherapy visits. Within the clinical note dated 06/19/2013, the injured worker stated that she continued to have decreased concentration and trouble reading, and spaciness. She also indicated that there was some fatigue. The clinical note dated 02/08/2014 indicates that the injured worker continues to experience anxiety and depression, and the physician indicates the injured worker was not doing well and had significant stress. The clinical information provided for review lacks documentation relating to the increased functional ability related to previous

psychotherapy. In addition, the clinical information lacks documentation related to the goals of continued psychotherapy. Therefore, the request for 50 psychotherapy visits is non-certified.

One gym membership for a year: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

Decision rationale: The California MTUS Guidelines state that exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There was no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Therapeutic exercise programs should be initiated at the start of any treatment and rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an ongoing exercise regimen. According to the clinical information provided for review, the injured worker has had a gym membership previously. There is a lack of documentation related to the therapeutic benefit of the previous gym membership. The clinical note dated 02/08/2014 states that the injured worker continues to have anxiety, depression, and the physician indicated that she was not doing well and had significant stress. The guidelines do not recommend particular exercise programs. The guidelines state that there is no submission of evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Therefore, the request for 1 gym membership for a year is non-certified.

Six massage visits, 1.5 hours each: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

Decision rationale: The California MTUS Guidelines state that massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatments to include exercise, and it should be limited to 4 to 6 visits in most cases. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. Physical therapy or other conservative care is not provided within the documentation available for review. In addition, the clinical information lacks documentation related to the injured worker's functional deficits to include range of motion values, and the goals for massage therapy. In addition, the request as submitted failed to provide frequency and a specific site at which

massage therapy was to be utilized. Therefore, the request for 6 massage visits, 1.5 hours each, is non-certified.

Six acupuncture visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture is an option when pain medication is reduced or not tolerated, and it may be used in adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. The guidelines indicate that the time to produce functional improvements would be 3 to 6 treatments, with a frequency of more than 3 times per week, and an optimum duration of more than 2 months. Acupuncture treatments may be extended if functional improvements are documented. The clinical information provided for review lacks documentation related to the injured worker's previous physical therapy or conservative treatments. In addition, there is a lack of documentation related to the injured worker's medication being reduced or not tolerated. The request as submitted failed to provide frequency and specific site at which the acupuncture was to be utilized. Therefore, the request for 6 acupuncture visits is non-certified.