

Case Number:	CM14-0038397		
Date Assigned:	06/27/2014	Date of Injury:	04/08/2013
Decision Date:	08/08/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of April 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; at least six prior sessions of physical therapy, per the claims administrator; and three prior sessions of cognitive behavioral therapy, per the claims administrator. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for cognitive behavioral therapy on the grounds that the applicant had had somewhere between three and seven of cognitive behavioral therapy previously, not all of which had been completed. The claims administrator suggested that the applicant complete the previously authorized cognitive behavioral therapy before additional treatment was sought. The claims administrator denied a request 10 sessions of physical therapy, citing non-MTUS ODG Guidelines despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. A May 22, 2014 progress note was notable for comments that the applicant apparently presented to the emergency department with acute-onset knee pain, unrelated to the industrial injury. Motrin and Tylenol No. 3 were endorsed. In an April 9, 2014 progress note, the applicant was returned to work with a rather proscriptive 10-pound lifting limitation. The attending provider stated that the applicant was having ongoing issues with fatigue, headaches, and depression. The applicant is using Tylenol Extra Strength, Prilosec, Naprosyn, and Pamelor. Trazodone was sought for depression and pain. Pamelor was discontinued due to adverse effects. The applicant was asked to obtain six sessions of cognitive behavioral therapy and 10 sessions of physical therapy. In an earlier cognitive behavioral therapy note of April 7, 2014, the applicant apparently presented with unchanged functional complaints and unchanged somatic complaints. The applicant's depression

and anxiety had reportedly improved. Additional cognitive behavioral was sought. In an earlier note of March 17, 2014, it was suggested that the applicant was previously working, but had been absent from work for the last four days owing to heightened pain complaints. Authorization for 10 sessions of physical therapy and six sessions of psychotherapy were sought. In a supplemental report dated December 1, 2013, it was suggested, though not clearly stated, that the applicant was working, admittedly with limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy x6 visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 400, cognitive therapy is recommended and can, moreover, be problem focused, which either intended to help alter an applicant's perception of stress or a motion focus, which intends to alter the applicant's response to stress. In this case, the applicant has issues with depression and anxiety superimposed on chronic pain issues. The applicant is using a variety of psychotropic medications. The applicant is apparently having difficulty coping, it has been suggested. Additional cognitive behavioral therapy on the order that proposed is indicated, given the applicant's continued mental health stressors and seemingly favorable response to earlier cognitive behavioral therapy as evinced by the applicant's return to work at Marriott Hotels. Therefore, the request for six additional sessions of cognitive behavioral therapy is medically necessary.

Physical Therapy x10 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines- Low Back Procedure Summary last updated 02/13/2014.

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

Decision rationale: As noted on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines, a general course of 8 to 10 sessions of treatment is recommended for radiculitis, the diagnosis present here. In this case, the claims administrator posited that the applicant had had six earlier sessions of physical therapy previously during the 'acute phase' of the claim. The applicant apparently has not had any physical therapy treatment during the 'chronic pain' phase of the claim, it was suggested. Given the applicant's superimposed chronic pain and mental

health issues, additional physical therapy at the upper end of the MTUS-endorse spectrum, at 10 sessions, is indicated. Therefore, the request is medically necessary.