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| Case Number: | CM14-0202154 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 08/09/2011 |
| Decision Date: | 02/04/2015 | UR Denial Date: | 11/07/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Pennsylvania. 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 67-year-old woman with a date of injury of 08/09/2011. A chiropractic care note dated 10/22/2014 identified the mechanism of injury as the worker had her left foot caught causing a fall. This note indicated the worker was experiencing pain in the neck, both shoulders, mid- and lower back, both knees, and both hips; weekly headaches; and both knees giving out. The documented examination described swelling in both legs, tenderness in the knees with swelling and fluid in the joints, decreased motion in the upper back joints, an increased mid-back curve, tenderness in the muscles at the base of the head and upper back with spasms, decreased motion in the shoulder joints, tenderness in the shoulders, positive impingement signs at both shoulders, and positive McMurray's testing involving both knees. The submitted and reviewed documentation concluded the worker was suffering from left foot strain, chronic pain syndrome, on-going cervicogenic headaches, strain/sprain in both shoulders with rotator cuff tears, contusion and sprain of both knees, cervical and lumbosacral strain with degenerative disk disease, and depression. Treatment recommendations included additional chiropractic care, cognitive behavioral therapy for assistance with managing pain, and consultation with a pain management specialist for medication management. A Utilization Review decision was rendered on 11/07/2014 recommending non-certification for chiropractic care twice weekly for three weeks, cognitive behavioral therapy evaluation, and a referral to a pain management physician. A psychiatric AME report dated 08/02/2014 and the subsequent supplemental report dated 10/14/2014 were also reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Chiropractic Care 2 Times A Week for 3 Weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

Decision rationale: The MTUS Guidelines recommend the chiropractic care for chronic pain that is due to musculoskeletal conditions. However, this treatment is not recommended for treatment of the ankle and foot, carpal tunnel syndrome, the forearm, the wrist and hand, or the knee. When this treatment is recommended, the goal is improved symptoms and function that allow the worker to progress in a therapeutic exercise program and return to productive activities. An initial trial of six visits over two weeks is supported. If objective improved function is achieved, up to eighteen visits over up to eight weeks is supported. The recommended frequency is one or two weekly sessions for the first two weeks then weekly for up to another six weeks. If the worker is able to return to work, one or two maintenance sessions every four to six months may be helpful; the worker should be re-evaluated every eight weeks. The documentation must demonstrate improved function, symptoms, and quality of life from this treatment. Additional sessions beyond what is generally required may be supported in cases of repeat injury, symptom exacerbation, or comorbidities. The worker should then be re-evaluated monthly and documentation must continue to describe functional improvement. The submitted and reviewed records indicated the worker was experiencing pain in the neck, both shoulders, mid- and lower back, both knees, and both hips; weekly headaches; and both knees giving out. The worker had been treated with chiropractic care for an unreported number of sessions. There was no discussion specifying the specific symptoms requiring additional sessions, the goals of this care, or the results of prior chiropractic care. In the absence of such evidence, the current request for chiropractic care twice weekly for three weeks is not medically necessary.

Cognitive Behavioral Therapy Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: The MTUS Guidelines recommend the use of cognitive behavioral therapy, a type of psychological treatment, as a secondary treatment for those with risk factors for delayed recovery. Initial treatment should include at least 4 weeks of physical therapy with a cognitive motivational approach. If this is insufficient, a trial of 3 to 4 psychotherapy visits over two weeks should be considered. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The submitted and reviewed documentation indicated the worker was experiencing pain in the neck, both shoulders, mid- and lower back, both knees, and both hips; weekly headaches; and both knees giving out. There was no

discussion indicating whether the worker's prior physical therapy had a cognitive motivational approach, when it had occurred, or the results of the treatment. Further, a psychiatric AME report dated 08/02/2014 recommended cognitive behavioral therapy only if invasive procedures were required, in order to assist with coping and adapting until recovery. There was no suggestion such treatment was recommended. In the absence of such evidence, the current request for a cognitive behavioral therapy evaluation is not medically necessary.

Referral to Pain Management Physician: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of Opioids and Weaning of Medications Page(s): 76-77; 124.

Decision rationale: The MTUS Guidelines encourage the use of specialist consultation when needed in order to more quickly return the worker to a functional state. Consultation with pain management specialists is specifically supported before a trial of opioid medication if the worker's complaints do not match the examination and/or imaging findings and/or there are psychosocial concerns, the worker requires more opioid medication than the equivalent of morphine 120mg daily, or the worker is not tolerating opioid weaning. The submitted and reviewed records did not suggest any of these situations were occurring, discuss the reason(s) specialist care was needed, or describe extenuating circumstances that supported a medical need for a consultation with a pain management specialist. In the absence of such evidence, the current request for a referral to a pain management physician is not medically necessary.