

Case Number:	CM15-0103298		
Date Assigned:	06/08/2015	Date of Injury:	09/14/2014
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72 year old female who sustained an industrial injury on 09/14/2014. Mechanism of injury occurred from repeated transfers from a bed to a chair over the course of a day. Diagnoses include cervical sprain/strain and myofascial pain, cervical degenerative disc disease from C4-C5 through C6- C7 with mild right sided facet and ligamentum flavum, hypertrophy and mild central canal stenosis. There is no significant nerve root impingement per Magnetic Resonance Imaging scan of 12/13/2014, and chronic pain syndrome with factors for delayed recovery, and is depressed. Treatment to date has included diagnostic studies, medications, physical therapy, and use of a trial electrical stimulator. She takes Motrin as needed. A Magnetic Resonance Imaging of the cervical spine done on 12/31/2014 showed degenerative disc disease from C4-5 through C6-7 and mild right sided facet and ligamentum flavum hypertrophy causing mild central canal stenosis. No significant nerve root impingement. A physician progress note dated 05/04/2015 documents the injured worker complains of head and neck pain, which is described as achy, shooting, throbbing, dull, numbing and deep with radiating pain into her right arm with weakness. Severity of pain is rated a 7-8 out of 10. With her medication, her pain is rated a 6 out of 10. On examination, there is diffuse tenderness in the paraspinal and trapezius muscles with guarding and hypersensitivity and there is muscle spasm in the bilateral superior trapezius muscles. There is decreased range of motion of about 50% without evidence of deficit in strength or stability. The treatment plan is for a trial of Pamelor for chronic pain as chronic neuropathic pain. Treatment requested is for Cognitive behavioral therapy (CBT) evaluation and treatment, and Interferential current stimulation (E Stim unit) trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interferential current stimulation (E Stim unit) trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: This patient presents with neck pain, which is described as achy, shooting, throbbing, dull, with radiating pain into her right arm with weakness. The current request is for Interferential current stimulation (E Stim unit) trial. The Request for Authorization is not provided in the medical file. Treatment to date has included diagnostic studies, medications and physical therapy. The patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines, pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. Physical examination on 05/04/15 revealed diffuse tenderness in the paraspinal and trapezius muscles with guarding and hypersensitivity. There is muscle spasm in the bilateral superior trapezius muscle and decreased range of motion of about 50% without evidence of deficit in strength or stability. The treatment plan was for an IF unit for "pain control." In regard to the unspecified IF unit trial, the treater has not specified an appropriate duration of trial period. Progress reports provided do not indicate that this patient has trialed an IF unit to date. MTUS guidelines support the use of an IF unit only if proven effective during a 30 day trial period. The request as is, with no specification of duration of trial, is not medically necessary.

Cognitive behavioral therapy (CBT) evaluation and treatment.: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-101. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations.

Ch:7 page 127, Official disability guidelines Mental Illness & Stress Chapter under Cognitive therapy for depression.

Decision rationale: This patient presents with neck pain, which is described as achy, shooting, throbbing, dull, with radiating pain into her right arm with weakness. The current request is for Cognitive behavioral therapy (CBT) evaluation and treatment. The Request for Authorization is not provided in the medical file. Treatment to date has included diagnostic studies, medications and physical therapy. The patient is currently not working. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ODG-TWC, Mental Illness & Stress Chapter under Cognitive therapy for depression states: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Physical examination on 05/04/15 revealed diffuse tenderness in the paraspinal and trapezius muscles with guarding and hypersensitivity. There is muscle spasm in the bilateral superior trapezius muscle and decreased range of motion of about 50% without evidence of deficit in strength or stability. The treatment plan was for "Cognitive behavioral therapy to address factors for delayed recovery; four sessions and an evaluation per MTUS." In this case, the patient presents with chronic pain despite conservative measures and medications. MTUS guidelines recommend a trial of 3-4 visits over two weeks, with additional sessions contingent upon objective improvement. This patient may see benefits from such therapy, and there is no evidence that this patient has trialed Cognitive behavioral therapy to date. The request for evaluation plus 4 sessions appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.