

<b>Case Number:</b>	CM15-0140732		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	07/21/2014
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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 56 year old male, who sustained a cumulative trauma industrial injury on 7-21-2014 to the hip, back and upper extremities. Diagnoses include work related severe hip degenerative joint disease status-post replacement, chronic lumbar spinal injury, initial facial laceration with dental injuries February 2013 status-post surgeries improved February 2014 and severe degenerative joint disease, stenosis, lumbar osteophytes unimproved post hip replacement bilateral. Treatment to date has included surgical intervention of the bilateral hips. Per the First Report dated 3-30-2015, the injured worker presented for initial evaluation of back pain. He reported back stiffness and radicular pain in the right and left leg. There is no documentation of a lumbar spine or hip evaluation. He rates his pain as 8 out of 10. Pain is located in the lumbar area, left hip and right hip. The plan of care included a urine drug screen. Authorization was requested for 12 sessions of outpatient physical therapy for low back pain and counselor for PTSD associated with injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient physical therapy, twelve (12) sessions for low back pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 133.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

**Decision rationale:** Review indicated request was modified for 6 formal PT sessions. Submitted reports have no acute flare-up or specific physical limitations to support for physical/ occupational therapy. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Submitted reports have no new injury or specific neurological deficit progression to support for physical/ occupational therapy. The Chronic Pain Guidelines allow for few visits of therapy with fading of treatment to an independent self-directed home program. It appears the patient has received prior sessions of PT/OT without clear specific functional improvement in ADLs, functional status, or decrease in medication and utilization without change in neurological compromise or red-flag findings to support further treatment. The Outpatient physical therapy, twelve (12) sessions for low back pain is not medically necessary and appropriate.

**Counselor for PTSD associated with the injury:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 134.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23; Psychological Treatment, pages 101-102.

**Decision rationale:** Review indicates the patient sustained a cumulative trauma industrial injury on 7-21-2014 to the hip, back and upper extremities. Submitted reports have not described what expectation from evaluation is needed or identified what specific goals are to be obtained from the behavioral health evaluation beyond the multiple medical evaluations by the primary provider to meet guidelines criteria. MTUS guidelines support continued treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. 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 co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work; however, guidelines criteria have not been demonstrated in the submitted reports. Current reports have no specific psychological symptom complaints, clinical findings, ADL or functional limitations resulting from these symptoms or diagnostic procedures to support the Psychotherapy evaluation in a cumulative trauma injury. It appears the patient's symptom complaints are chronic and unchanged without acute flare-up, failed conservative treatment to support for psychological evaluation for non-specific psychological issues. The Counselor for PTSD

associated with the injury is not medically necessary and appropriate.