

Case Number:	CM15-0162665		
Date Assigned:	08/28/2015	Date of Injury:	04/03/2015
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/19/2015

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: Family Practice

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 21 year old male, who sustained an industrial injury on 4-03-2015, resulting from a motor vehicle accident. The injured worker was diagnosed as having cervicgia. Treatment to date has included diagnostics, physical therapy, and medications. Currently, the injured worker complains of neck pain, associated with numbness and tingling in the bilateral upper extremities, involving all fingers, and diffusely in the forearms. Pain was rated 9 out of 10. He reported difficulty performing housework. He reported depression, loss of motivation, crying frequently, and loss of sleep. He reported suicidal thoughts but denied having a plan. He was taking Flexeril as needed and trialed nonsteroidal anti-inflammatory drugs. It was documented that 3 (out of 6 authorized) physical therapy sessions were completed with no improvement. He was documented as working light duty. The treatment plan included additional physical therapy for the neck x6 and behavioral psychotherapy x6 (evaluation and treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy times six for the Neck: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

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

Decision rationale: According to the MTUS guidelines, passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. 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. The MTUS guidelines also state that patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The MTUS guidelines recommend up to 10 sessions of therapy for Myalgia, myositis, neuralgia, neuritis, and radiculitis. The injured worker has completed 3 sessions of physical therapy, which has been insufficient to produce positive results. The request for additional treatment is supported to allow for objective functional improvement and for education in a home exercise program. The request for Additional Physical Therapy times six for the Neck is medically necessary and appropriate.

Behavioral Psychotherapy times six: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

Decision rationale: According to the MTUS guidelines, behavioral interventions are recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines allow for an initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The medical records note that Utilization Review has modified to allow for 4 initial visits which is consistent with the MTUS guidelines. The request for Behavioral Psychotherapy times six is therefore not medically necessary and appropriate.