MAXIMUS Federal Services

Case Number:	CM15-0194177		
Date Assigned:	10/08/2015	Date of Injury:	10/06/2008
Decision Date:	11/19/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/02/2015

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: New Jersey
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 59 year old male, who sustained an industrial injury on 10-6-2008. The medical records submitted for this review did not include documentation of the initial injury or prior treatments to date. Diagnoses include cervical disc degeneration, neck pain, and cervical myelopathy, status post cervical fusion. On 9-15-15, he complained of ongoing bilateral neck pain with numbness and tingling. The physical examination documented right C5 and Left C7 distribution of pain and numbness with muscle spasms of the neck noted. The current medications were documented as Vimovo, Flexeril, Pristiq, Neurontin, and Ultram and noted to decreased pain. The plan of care included ongoing medication therapy. The appeal requested authorization for 10 cognitive behavioral therapy sessions and 10 physical therapy sessions for neck pain. The Utilization Review dated 10-1-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological evaluations.

Decision rationale: The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, there were limited records provided for review to show if there was previous CBT completed, and whether or not it was effective. If this was a first time request for CBT, the request for 10 sessions is more than the recommended 3-4 for an initial trial. Therefore, in either situation, this request is not medically necessary, unless more information to support this request is provided.

Physical therapy for bilateral neck pain, quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Initial Care, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Neck and Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Physical therapy in the form of passive therapy for the neck is recommended by the MTUS Guidelines as an option for chronic neck pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myositis /myalgia-type pain, and less for neuropathic pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, was prescribed 10 supervised physical therapy sessions for the cervical spine. However, considering this request was made years after the initial injury (2008), additional therapy is unlikely to be needed as home exercises should have been taught at this point if there was any previous physical therapy completed prior to this request. Unfortunately, there were insufficient reports found in the notes provided to reveal how much therapy was completed for the cervical spine in the past or how effective it was in order to justify additional therapy, if this was a request for additional therapy. If this was a request for first-time physical therapy for the cervical, then this needs to be stated in the request with previous records to show this provided for review. Therefore, this request is not medically necessary at this time.