MAXIMUS Federal Services

| Case Number: | CM15-0211855 | | |
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| Date Assigned: | 10/30/2015 | Date of Injury: | 02/24/2015 |
| Decision Date: | 12/21/2015 | UR Denial Date: | 10/15/2015 |
| Priority: | Standard | Application Received: | 10/27/2015 |

## 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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

## 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 applicant is a represented 45-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 24, 2015. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve requests for 8 additional sessions of chiropractic manipulative therapy and 8 sessions of psychotherapy. An October 8, 2015 office visit was referenced in the determination. On said October 8, 2015 office visit, the applicant reported ongoing complaints of neck pain radiating to bilateral upper extremities. Upper extremity paresthesias associated with carpal tunnel syndrome were also reported. The applicant was on Flexeril and naproxen, the treating provider reported. The applicant was reportedly working in a modified capacity, the treating provider reported. The applicant had received 4 recent sessions of cognitive behavioral therapy, the treating provider noted. The applicant was described as having minimal depression, the treating provider noted. Eight additional sessions of cognitive behavioral therapy were sought on the grounds that previous cognitive behavioral therapy had improved the applicant's mood and overall level of function on a day-to-day basis. The applicant's work restrictions were renewed. Naproxen and Flexeril were endorsed. On a previous note dated September 11, 2015, the applicant was asked to continue previously approved cognitive behavioral therapy. Work restrictions were again endorsed on this date. On a questionnaire dated September 11, 2015, the applicant seemingly suggested that she was, in fact, working. On a psychological evaluation of August 31, 2015, the applicant's psychologist seemingly stated that she had had some difficulty coping with her multifocal pain complaints. The applicant had various pain generators to include the neck, heels, feet, wrist, etc., the treating

provider reported. The applicant went on to receive psychotherapy on other dates, including October 19, 2015 and November 2, 2015. On October 19, 2015, the applicant reported having developed issues with depression and anxiety. On November 2, 2015, the applicant stated that a former boyfriend had died. The applicant reported issues with difficult relationships on this date.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic PT Additional 8 Sessions Qty 8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The 8-session course of chiropractic manipulative therapy at issue represented treatment in excess of the 1-2 treatments suggested on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines in the event of flares of low back pain. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9-10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that applicants should be instructed in and are expected to continued active therapies at home as an extension of the treatment process in order to maintain improvement levels and by further commentary made on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that the frequency of treatment should be faded over time as applicants transition toward self-directed, home-based physical medicine. Here, all evidence on file pointed to the applicant's having relatively minimal impairment from a physical (medical) perspective. The applicant had returned to work, it was reported on October 8, 2015. The applicant exhibited intact motor function about the upper extremities, the treating provider reported on said October 8, 2015 office visit. It appeared, thus, that the applicant was in fact capable of transitioning to self-directed, home-based physical medicine without the lengthy formal course of treatment at issue. Therefore, the request is not medically necessary.

**Psychotherapy CBT for Mood and Functioning Qty 8:** Overturned

**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 Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** Conversely, the request for 8 sessions of psychotherapy (cognitive behavioral therapy) for mood and function was medically necessary, medically appropriate, and indicated here. Page 23 of the MTUS Chronic Pain Medical Treatment Guidelines notes that

behavioral interventions are recommended in the chronic pain context present here. Page 23 of the MTUS Chronic Pain Medical Treatment Guidelines supports a total of 6-10 visits of psychotherapy in applicants who demonstrate functional improvement following an initial trial of the same. Here, the applicant's successful return to and/or maintenance of return-to-work status constitute prima facie evidence of functional improvement as defined in MTUS 9792.20e following receipt of 4 prior sessions of psychotherapy. The applicant had, moreover, had developed derivative versus unrelated issues of depression, anxiety, and/or difficult interpersonal relationships, it was reported on November 2, 2015. The MTUS Guideline in ACOEM Chapter 15, page 400 notes that cognitive therapy can be problem-focused, with strategies intended to help alter an applicant's perception of stress, or emotion-focused, with strategies intended to alter and applicant's response to stress. Here, thus, the applicant had a variety of mental health and/or chronic pain issues which were seemingly amenable to the cognitive behavioral therapy/ psychotherapy at issue. Therefore, the request is medically necessary.