

Case Number:	CM15-0216086		
Date Assigned:	11/05/2015	Date of Injury:	04/16/2015
Decision Date:	12/30/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 51 year old female who sustained an industrial injury on 4-16-15. She is not working. Medical records indicate that he injured worker has been treated for degeneration of cervical disc; neck pain; cervical disc with radiculitis. She currently (9-1-15) complains of pain in the neck, right trapezius and right shoulder with no radiation. Her pain level was 1-2 out of 10. Physical exam revealed left shoulder lower than right, trapezius guarding, trigger points with referral pattern; cervical spine range of motion was restricted in all planes, muscle guarding along the cervical paraspinals. The pain (per 9-1-15 note) has impacted her physical and emotional life. She has difficulty with activities of daily living including performance of household chores, work, driving, walking, running, sports and emotionally has caused problems with concentration, depression, anxiety, mood, appetite and sleep. Diagnostics include MRI of the cervical spine (5-15-15) showing multilevel cervical spondylosis pronounced at C5-8, degenerative disc disease. Treatments to date include medication: (past) naproxen, topical Salonpas, Vicoden, Flexeril, Toradol, Tylenol, Voltaren Gel, Celebrex, Carafate, gabapentin, Lidoderm patch: (current): nortirptyline, Voltaren Gel, omeprazole, Nalfon, hydrocodone; warm compresses; physical therapy (ordered 4-30-15 and per 5-4-15 note to stop as completed), then 7- 13-15 note indicated continuing physical therapy; acupuncture 12 sessions with benefit; transcutaneous electrical nerve stimulator unit with mild benefit; neck support. The request for authorization dated 9-24-15 was for physical therapy 1 time per week for 6 weeks for the cervical spine; psychological sessions for cervical spine-cognitive behavioral therapy 1 time per week for 6 weeks. On 10-8-15 Utilization Review non-certified the requests for physical therapy 1 time per week for 6 weeks for the cervical spine; psychological sessions for cervical spine- cognitive behavioral therapy 1 time per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Cervical) 1 time a week for 6 weeks: Upheld

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

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The patient has completed an undocumented amount of physical therapy already. The injured worker also had a previous session approved in 9/24/15. The above request would also exceed the current amount of sessions that is recommended. There is no documentation stating why an independent home exercise program would be insufficient to address any remaining deficits at this time. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is NOT indicated as a medical necessity to the patient at this time.

Psychological sessions/cognitive behavioral therapy (cervical) 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Psychological sessions/cognitive behavioral therapy (cervical) 1 time a week for 6 weeks. MTUS guidelines state the following: Behavioral interventions: 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. See also Multi-disciplinary pain programs.ODG,

Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: 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 current request exceeds the recommended trial of 4 visits by the MTUS/ODG guidelines. According to the clinical documentation provided and current MTUS guidelines; Psychological sessions/cognitive behavioral therapy (cervical) 1 time a week for 6 weeks, as written above, is not indicated as a medical necessity to the patient at this time.