

Case Number:	CM15-0089178		
Date Assigned:	05/13/2015	Date of Injury:	02/03/2015
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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 48 year old female with an industrial injury dated 2/03/2015. The injured worker's diagnoses include neck pain or cervicgia, cervical radiculopathy and thoracic pain. Treatment consisted of Magnetic Resonance Imaging (MRI) of cervical spine/ thoracic spine and periodic follow up visits. In a progress note dated 4/23/2015, the injured worker reported neck pain with stiffness. The injured worker also reported that the pain was mainly in the right side of her neck to her shoulder area. Objective findings revealed mild distress, decrease cervical range of motion, moderate tenderness to palpitation of the cervical paraspinal muscles, pain with external rotation of her right shoulder, minimal tenderness to palpitation of the lumbar paraspinal muscles, significant tenderness to palpitation of mid thoracic region and decrease lumbar range of motion. The treating physician prescribed services for 12 sessions of physical therapy, right shoulder, neck & thoracolumbar and consultation with psychologist now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy, r. shoulder, neck & thoracolumbar: Upheld

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

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

Decision rationale: Review indicated the patient has received previous PT that worsened her symptoms. Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The 12 sessions of physical therapy, r. shoulder, neck & thoracolumbar is not medically necessary or appropriate.

Consultation with psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 6, Pain, Suffering & the Restoration of Function, page 114.

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

Decision rationale: Submitted reports have not described what psychological testing or evaluation are needed or identified what specific goals are to be obtained from the behavioral health evaluation beyond the multiple medical evaluations by the occupational provider, neurology and ophthalmology specialists 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 posttraumatic 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 or diagnostic procedures to support for the Psychotherapy evaluation as it relates to a musculoskeletal injury with unremarkable diagnostic testing and clinical findings to support for the Psychotherapy evaluation. The Consultation with psychologist is not medically necessary or appropriate.