

Case Number:	CM15-0242663		
Date Assigned:	12/22/2015	Date of Injury:	11/02/1999
Decision Date:	01/25/2016	UR Denial Date:	11/12/2015
Priority:	Standard	Application Received:	12/14/2015

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:

This is a 48 year old female with a date of injury on 11-2-1999. A review of the medical records indicates that the injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy and degeneration of cervical intervertebral disc. According to the progress report dated 10-22-2015, the injured worker complained of severe neck and upper extremity pain. The physical exam (10-22-2015) revealed "marked loss of cervical range of motion, flexion, extension and rotation." Spurling's maneuver was positive on the right greater than the left. There were multiple myofascial trigger points in the trapezius muscles. Treatment has included medication. Current medications included Hydrocodone, Trazodone and Voltaren gel. The original Utilization Review (UR) (11-12-2015) denied requests for a physical therapy evaluation and a psychology consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation Qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), PT.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of physical therapy as a treatment modality. In general, physical therapy is recommended. However, the guidelines clarify the number of recommended sessions and the expectation that physical therapy treatment will lead to a home exercise program. Specifically, the guidelines state the following: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home exercise program. 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. In this case, the records indicate that the patient has already received the recommended number of physical therapy sessions. It would be expected that the patient is engaged in a home exercise program. There is no justification provided as to why the patient is unable to engage in a home exercise program or the purpose of one visit for physical therapy. For these reasons, one physical therapy visit is not medically necessary.

Psychology consultation Qty: 1: 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), Psychological evaluations.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines provide recommendations for the use of psychological consultation in patients with chronic pain. These guidelines state that psychological assessment is recommended for appropriately identified patients during treatment for chronic pain. 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. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. In this case, there is sufficient justification to support a psychological assessment/consultation for an evaluation of the management of this patient's

chronic pain syndrome. There is documentation that the patient has anxiety and depression as components of the chronic pain syndrome and has failed to respond to first-line conservative treatments. Under these conditions, a one-time psychologic assessment follows the above cited MTUS recommendations. For these reasons, a psychology consultation X1 is medically necessary.