

Case Number:	CM14-0091448		
Date Assigned:	07/25/2014	Date of Injury:	07/16/2012
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old female with a date of injury of 07/16/2012. The listed diagnoses per Dr. Haronian are: Shoulder impingement; Cervical radiculopathy; Wrist tendinitis/bursitis; Epicondylitis, elbow/medial. According to a progress report dated 05/14/2014, the patient presents with continued neck pain that radiates to the upper extremity with numbness and weakness. She also reports numbness and radiating into the back of the head. On examination, spasm, tenderness, and guarding are noted in the paravertebral musculature of the cervical spine with decreased range of motion. Decreased sensation is noted over the C6 dermatomes bilaterally. The patient reports that physical therapy previously addressed her right elbow and right shoulder, but she has not received treatment for her neck pain and numbness. Treater is requesting physiotherapy 3 times a week for 4 weeks for the cervical spine. Treater is also requesting psychotherapy 4 visits for patient's depression, stress and anxiety due to her industrial injuries. Utilization Review denied the requests on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 4 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines, Psychological treatment.

Decision rationale: This patient presents with right shoulder, right elbow, and cervical spine pain. The patient also complains of depression, stress, and anxiety due to her injuries. The treater states the patient has been exposed to chronic pain for longer than 3 months, and according to guidelines, a psycho evaluation along with 4 sessions of psychotherapy is being requested to "further evaluate her psych." The MTUS Chronic Pain Guidelines supports psychological treatments for chronic pain. For cognitive behavioral therapy, the MTUS Chronic Pain Guidelines recommends initial trial of 3 to 4 psychotherapy visits over 2 weeks and additional visits for total of 6 to 10 visits with functional improvement. Utilization Review modified the certification to approve the psychological evaluation and noncertified the psychotherapy 4 visits. In this case, the current request for 4 psychotherapy visits is within MTUS Chronic Pain Guidelines. As such, the request is medically necessary and appropriate

Physiotherapy 3x4 to the Cervical Spine: 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, section on Physical Medicine, pages 98-99.

Decision rationale: This patient presents with neck pain that radiates into the upper extremities with numbness and weakness. The treater states the patient has had physical therapy in the past for the right elbow and right shoulder; however, her neck pain and numbness has not been addressed. For physical medicine, the MTUS Guidelines recommends for myalgia, myositis, and neuralgia-type symptoms 9 to 10 sessions over 8 weeks. In this case, given the patient has not trialed physical therapy addressing the neck pain, a course of 9 to 10 sessions may be warranted. The treater's request for 12 initial treatments exceeds what is recommended by the MTUS Chronic Pain Guidelines. As such, the request is not medically necessary and appropriate.