

Case Number:	CM15-0113319		
Date Assigned:	07/22/2015	Date of Injury:	03/22/2007
Decision Date:	11/20/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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: North Carolina

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:

The injured worker is a 53 year female old who sustained an industrial injury on 3-22-07. The impression is noted as chronic neck pain, cervical degenerative disc disease, chronic lower back pain, lumbosacral degenerative disc disease, right shoulder pain, chronic pain syndrome, opioid dependence, and depression and anxiety. In a progress report dated 5-29-15, the physician notes chronic neck and lower back pain. Pain was rated at 3-9 out of 10 depending on activity level. Physical exam notes mild difficulty sitting down and standing up from a chair, strength in bilateral lower extremities is 5 out of 5, and her gait is normal. Previous treatment includes medication, a Functional Restoration Program in 2009, and home exercise. The treatment plan is 2 prescriptions of Norco 10-325mg #2 three times a day #180 with no refills, second prescription is to fill the next month, Lunesta with 5 refills, a seven week program to cut down one pill at a time; will be a very slow decrease in medications, physiotherapy 2 times a week for 4 weeks, psychology treatments, and advised to walk as much as she can. The requested treatment of physiotherapy for the lumbar spine twice a week for four weeks and psychological sessions (adjustment to chronic pain and help for opioid detox) once a week for 6 weeks was non-certified on 6-8-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy for the lumbar spine, twice a week for four weeks: Overturned

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): Physical Medicine.

Decision rationale: Physical Medicine Guidelines state: 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): recommends 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2): recommends 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): recommends 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The requested amount of session meets guideline recommendations for the patient's complaints of low back pain and therefore is medically necessary.

Psychological sessions (adjustment to chronic pain and help for opioid detox) once a week for six weeks: Overturned

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): Psychological treatment.

Decision rationale: The California chronic pain medical treatment guidelines section on psychological treatment states: 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. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005). Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. As this patient has continued ongoing pain with failure to respond to other treatment modalities, this service is indicated per the California MTUS and thus is medically necessary.