

Case Number:	CM15-0119077		
Date Assigned:	06/29/2015	Date of Injury:	09/23/2010
Decision Date:	08/26/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/19/2015

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 54 year old male who sustained an industrial injury on 09/23/10. Initial complaints and diagnoses are not available. Treatments to date include medications and cervical spine pain. Diagnostic studies include an electrodiagnostic study of the left upper extremity on 05/28/15 which was noted to be normal. Current complaints include continued unspecified pain, and increased pain in the left foot and right wrist. Current diagnoses include chronic neck pain, left wrist sprain and pain, left upper extremity radicular pain, myofascial pain syndrome, and migraine headaches. In a progress note dated 06/01/15, the treating provider reports the plan of care as medications including tramadol, and a Functional Restoration Program. The requested treatments include a Functional Restoration Program, Evaluation for physical therapy to the cervical spine and left upper extremity, psychology specialist, and physician for the cervical spine and left upper extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program 4 days a week QTY: 20: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional restoration programs Page(s): 49.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with left sided neck pain that radiates into the left shoulder, left upper extremity, to left hand, with numbness and tingling. The patient is status post cervical spine surgery, date unspecified. The request is for Functional Restoration Program 4 Days A Week Qty: 20. Patient's diagnosis per Request for Authorization form dated 06/04/15 includes left superior glenoid labrum lesion, left sprain of wrist NEC, and left cervicgia. Physical examination to the cervical spine on 02/23/15 revealed range of motion limited in all planes. EMG study of the left upper extremity on 05/28/15 was noted to be normal. Treatment to date has included imaging and electrodiagnostic studies, cognitive behavioral therapy and medications. Patient's medications include Lyrica, Norco and Tramadol. The patient is off-work, per 06/01/15 report. Treatment reports provided from 12/22/14-06/01/15. The MTUS guidelines pg. 49 recommends functional restoration programs and indicate it may be considered medically necessary when all criteria are met including: (1) adequate and thorough evaluation has been made; (2) Previous methods of treating chronic pain have been unsuccessful; (3) significant loss of ability to function independently resulting from the chronic pain; (4) not a candidate for surgery or other treatments would clearly be; (5) The patient exhibits motivation to change; (6) Negative predictors of success above have been addressed. The guidelines further state that "Total treatment duration should generally not exceed 20 full-day sessions (or the equivalent in part-day sessions if required by part-time work, transportation, childcare, or co-morbidities). (Sanders, 2005) Treatment duration in excess of 20 sessions requires a clear rationale for the specified extension and reasonable goals to be achieved." MTUS does not recommend more than "20 full-day sessions (or the equivalent in part-day sessions if required by part-time work transportation, childcare, or co- morbidities). MTUS page 49 also states that up to 80 hours or 2 week course is recommended first before allowing up to 160 hours when significant improvement has been demonstrated." Per 06/01/15 report, treater states "I am requesting for multi-display evaluation for the functional restoration program, which will help with the patient's adjustment to the chronic pain and to increase his daily function. The patient is focused on his pain and fact that if he uses his neck or arm it hurts more and the functional restoration program does help him to be more functional." In this case, the patient has had persistent chronic pain and the requested evaluation to determine the patient's candidacy for functional restoration program appears reasonable. However, the request as stated is for functional restoration program itself. Without an evaluation determining the patient's candidacy, the program would not be indicated. There are no discussion addressing the necessary criteria, either. Therefore, the request for functional restoration program is not medically necessary.

Evaluation by a PT, once weekly then once monthly, C-spine and LUE QTY: 11: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with left sided neck pain that radiates into the left shoulder, left upper extremity, to left hand, with numbness and tingling. The patient is status post cervical spine surgery, date unspecified. The request is for Evaluation By A Pt, Once Weekly Then Once Monthly, C-Spine And Lue Qty: 11. RFA with the request not provided. Patient's diagnosis 06/01/15 includes chronic neck pain, left wrist sprain and pain, left upper extremity radicular pain, myofascial pain syndrome, and migraine headaches. Physical examination to the cervical spine on 02/23/15 revealed range of motion limited in all planes. EMG study of the left upper extremity on 05/28/15 was noted to be normal. Treatment to date has included imaging and electrodiagnostic studies, cognitive behavioral therapy and medications. Patient's medications include Lyrica, Norco and Tramadol. The patient is off-work, per 06/01/15 report. Treatment reports provided from 12/22/14-06/01/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. MTUS Guidelines pages 98 to 99 state that for patients with "myalgia and myositis, 9 to 10 sessions over 8 weeks are allowed, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits over 4 weeks are allowed." MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Treater has not provided reason for the request. Given patient's chronic pain, the requested physical therapy evaluation would appear reasonable, as well as a short course of physical therapy. However, treater has not provided a precise treatment history, nor documented efficacy of prior therapy. There is no explanation of why patient is unable to transition into a home exercise program, either. In addition, the request as written indicates 11 physical therapy sessions, which would exceed what is allowed by MTUS. Therefore, the request is not medically necessary.

Evaluation by a Psych Specialist, once weekly then once monthly QTY: 11: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100, 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain chapter, under Psychological treatment.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with left sided neck pain that radiates into the left shoulder, left upper extremity, to left hand, with numbness and tingling. The patient is status post cervical spine surgery, date unspecified. The request is for Evaluation By A Psych Specialist, Once Weekly Then Once Monthly Qty: 11. RFA with the request not provided. Patient's diagnosis 06/01/15 includes chronic neck pain, left wrist sprain and pain, left upper extremity radicular pain, myofascial pain syndrome, and migraine headaches. Physical examination to the cervical spine on 02/23/15 revealed range of motion limited in all planes. EMG study of the left upper extremity on 05/28/15 was noted to be normal. Treatment to date has included imaging and electrodiagnostic studies, cognitive behavioral therapy and medications. Patient's medications include Lyrica, Norco and Tramadol. The patient is off-work, per 06/01/15 report. Treatment reports provided from 12/22/14-06/01/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. MTUS page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per 03/31/15 psychotherapy progress report, the patient has a diagnosis of cognitive disorder not otherwise specified, slight secondary to concussion, work related; pain disorder associated with both psychological factors and a general medical condition, work related; and adjustment disorder with depression and anxiety, work related. Treater states the patient desires to continue with therapy and the "clinician will continue to focus on helping [the patient] understand the relationship between his thoughts and how they impact his mood and experience of pain...Functional goals include improved pain management, less negative rumination about his pain, reduced negativity and irritability, reduced levels of depression, increased activity in home and community, and eventual return to work." ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms and diagnosis, the request to continue psychotherapy would appear to be indicated. However, the patient has been attending cognitive behavioral therapy for an unspecified number of sessions. Per 03/31/15 psychotherapy progress report the patient "has more authorized visits of psychotherapy." In this case, treater has discussed goals of psychotherapy, but has not documented benefit from prior sessions, nor provided a precise treatment history. Therefore, the request is not medically necessary.

Evaluation by a Physician, once weekly then once monthly, C-spine and LUE QTY: 11:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: Based on the 05/04/15 progress report provided by treating physician, the patient presents with left sided neck pain that radiates into the left shoulder, left upper extremity, to left hand, with numbness and tingling. The patient is status post cervical spine surgery, date unspecified. The request is for Evaluation By A Psych Specialist, Once Weekly Then Once Monthly Qty: 11. RFA with the request not provided. Patient's diagnosis 06/01/15 includes chronic neck pain, left wrist sprain and pain, left upper extremity radicular pain, myofascial pain syndrome, and migraine headaches. Physical examination to the cervical spine on 02/23/15 revealed range of motion limited in all planes. EMG study of the left upper extremity on 05/28/15 was noted to be normal. Treatment to date has included imaging and electrodiagnostic studies, cognitive behavioral therapy and medications. Patient's medications include Lyrica, Norco and Tramadol. The patient is off-work, per 06/01/15 report. Treatment reports provided from 12/22/14-06/01/15. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM guidelines, chapter 7, page 127 state that the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. MTUS page 100-101 for psychological evaluations states these are recommended for chronic pain problems. ODG-TWC, Chronic chapter, under Psychological treatment, states the following: "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." Per 03/31/15 psychotherapy progress report, the patient has a diagnosis of cognitive disorder not otherwise specified, slight secondary to concussion, work related; pain disorder associated with both psychological factors and a general medical condition, work related; and adjustment disorder with depression and anxiety, work related. Treater states the patient desires to continue with therapy and the "clinician will continue to focus on helping [the patient] understand the relationship between his thoughts and how they impact his mood and experience of pain...Functional goals include improved pain management, less negative rumination about his pain, reduced negativity and irritability, reduced levels of depression, increased activity in home and community, and eventual return to work." ACOEM guidelines indicate that providers are justified in seeking additional expertise in cases where the course of care could benefit from a specialist. Given this patient's continuing pain symptoms and diagnosis, the request to continue psychotherapy would appear to be indicated. However, the patient has been attending cognitive behavioral therapy for an unspecified number of sessions. Per 03/31/15 psychotherapy progress report the patient "has more authorized visits of psychotherapy." In this case, treater has discussed goals of psychotherapy, but has not documented benefit from prior sessions, nor provided a precise treatment history. Therefore, the request is not medically necessary.