

Case Number:	CM15-0066168		
Date Assigned:	04/14/2015	Date of Injury:	07/24/2011
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 44-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of major depressive disorder (MDD) and posttraumatic stress disorder (PTSD) reportedly associated with an industrial injury of July 24, 2011. In a Utilization Review report dated March 10, 2015, the claims administrator partially approved request for three sessions of psychotherapy as a one-time psychological evaluation. It was not clearly stated how much psychiatric treatment the applicant had or had not had, although the claims administrator seemingly suggested that the applicant had not obtained a previously approved psychological evaluation. The claims administrator also partially approved request for 18 sessions of physical therapy as six sessions of the same. The claims administrator referenced a February 6, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant reported ongoing complaints of low back pain, 3-5/10, radiating into bilateral lower extremities. The applicant was on gabapentin and had received recent epidural steroid injection. The applicant was also on prazosin, apparently for issues associated with nightmares, depression, and posttraumatic stress disorder. The applicant was working on a part-time basis, at a rate of four hours a day. Prazosin, Neurontin, and three sessions of psychological counseling were endorsed so as to give the applicant home exercises and/or techniques to control her depression whenever she experiences flares of the same. Additional physical therapy was also proposed while the applicant was apparently returned to part-time work. The applicant was independently ambulatory; it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy 1x3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions/psychological treatment Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400.

Decision rationale: Yes, the request for three sessions of psychotherapy was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 400, cognitive therapy/psychotherapy can be problem-focused, with strategies intended to help and alter an applicant's perception of stress, or emotion-focused, with strategies intended to alter an applicant's response to stress. Here, the attending provider stated that the applicant needed to obtain psychotherapy for the purposes of altering her response to both physical and psychological stressors. The attending provider stated that psychotherapy was needed to augment the applicant's coping mechanisms. The applicant had apparently responded favorably to earlier psychological treatment as evinced by her return to part-time, modified duty work. Therefore, the request was medically necessary.

Physical therapy - lumbar spine 3x6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter (page 114).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Conversely, the request for 18 sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The 18-session course of therapy proposed, in and of itself represents treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the diagnoses reportedly present here. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement level. Here, the treating provider acknowledged that the applicant had already returned to work as of the March 13, 2015 progress note on which additional physical therapy was proposed. The applicant was independently ambulatory. The applicant did not, thus, have significant residual physical impairment, which would warrant such a lengthy, protracted course of treatment well in excess of MTUS parameters as all evidence on file pointed to the applicant is being able to transition to self-directed home-based physical medicine of her own accord. Therefore, the request was not medically necessary.