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| Case Number: | CM15-0068370 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 12/10/2013 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/26/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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 39-year-old female who sustained an industrial injury on 12/10/13. Initial complaints and diagnoses are not available. Treatments to date include medications, pain psychology, and physical therapy. Diagnostic studies are not addressed. Current complaints include neck and upper shoulder pain. Current diagnoses include degeneration of cervical intervertebral disc, and shoulder pain. In a progress note dated 03/11/15, the treating provider reports the plan of care as continued pain psychology, physical therapy, and medications. The requested treatments are pain psychology and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain psychology, once weekly for 6 weeks: 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), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cognitive behavioral therapy, Psychological evaluations Page(s): 23,100-101. Decision based on Non-MTUS Citation ACOEM page 127 chapter, 7.

Decision rationale: Based on the 03/11/15 progress report provided by treating physician, the patient presents with neck and upper shoulder pain rated 4/10; and depression, sleep disturbance and anxiety. The request is for PAIN PSYCHOLOGY, ONCE WEEKLY FOR 6 WEEKS. No RFA provided. Patient's diagnosis on 03/11/15 included degeneration of cervical intervertebral disc, and pain in shoulder joint. Patient medications include Advil, Gabapentin, Nabumetone, Nortriptyline, and Tramadol. The patient "is participating an ongoing physical therapy and pain psychology." The patient remains partially temporarily disabled and is working part-time, per treater report dated 03/11/15.ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise." Labor Code 9792.6 under utilization review definition states, "Utilization review does not include determinations of the work-relatedness of injury or disease." MTUS page 100-101 for psychological evaluations states these are "recommended for chronic pain problems." Regarding cognitive behavioral therapy, MTUS page 23 states: "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence... Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks, With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)"Per 03/11/15 progress report, treater states, "the pain psychology, I believe, at this point is really playing a great role and limiting her stress and anxiety about returning to work... I am going to increase her work time to six hours a day, which is essentially full-time for her. This trial will determine whether she will be ready to finish her care." Given patient's diagnosis and psychological factors, the request would appear reasonable. MTUS recommends trial of 3-4 sessions and up to 6-10 visits with functional improvement. In this case, treater has documented functional improvement and change in work status. However, a precise treatment history has not been provided. Furthermore, post UR dated 04/09/15 progress report states that the patient "continues with pain psychology." It appears patient has been attending psychotherapy for an unknown number of sessions prior to authorization. Therefore, the request IS NOT medically necessary.

Chiropractic sessions, twice weekly for 3 weeks, for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58, 59.

Decision rationale: Based on the 03/11/15 progress report provided by treating physician, the patient presents with neck and upper shoulder pain rated 4/10. The request is for Chiropractic sessions, twice weekly for 3 weeks, for the right Shoulder. No RFA provided. Patient's diagnosis on 03/11/15 included degeneration of cervical intervertebral disc, and pain in shoulder joint. Patient medications include Advil, Gabapentin, Nabumetone, Nortriptyline, and Tramadol. The patient "is participating an ongoing physical therapy and pain psychology." The patient remains partially temporarily disabled and is working part-time, per treater report dated 03/11/15.MTUS

Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is recommended for chronic pain if caused by musculoskeletal conditions. For the low back, it is recommended as an option. For Therapeutic care ? A trial of 6 visits over 2 weeks, with evidence of objective functional improvement, with a total of up to 18 visits over 6-8 weeks is allowed."Per 03/11/15 progress report, treater states, "the patient has essentially learned her home exercise program and feels that some chiropractic will help her reintegrate back into her job position... I am going to increase her work time to six hours a day, which is essentially full-time for her. This trial will determine whether she will be ready to finish her care." Given patient's diagnosis and continued pain symptoms, the request would appear reasonable. MTUS recommends trial of 6 sessions and up to 18 visits with objective functional improvement. In this case, treater has documented functional improvement and change in work status. However, a precise treatment history has not been provided. Furthermore, post UR dated 04/09/15 progress report; the patient "was receiving chiropractic treatment on Mondays as well as Fridays." It appears patient has been attending chiropractic for an unknown number of sessions prior to authorization. Therefore, the request IS NOT medically necessary.