

Case Number:	CM14-0147369		
Date Assigned:	09/15/2014	Date of Injury:	07/03/2007
Decision Date:	10/20/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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 Occupational Medicine 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 49 year old female who sustained a work related injury to her neck, left shoulder and bilateral hands on 07/03/2007. Prior treatment history has included home exercise program, non-steroidal anti-inflammatory drugs, and opioids. She has received physical therapy, acupuncture which was helpful for 5-6 weeks after treatment. The progress report dated 08/27/2014 documented the patient to have complaints of neck injury, hand injury, elbow injury, shoulder injury and hypertension. On exam, he had 75% active range of motion. She was diagnosed with cervical radiculopathy, history of cervical spine fusion, bilateral carpal tunnel syndrome, and bilateral lateral epicondylitis. She was recommended for physical therapy with pain management for twice weekly. Prior utilization review dated 09/04/2014 states the request for Physical Therapy with Pain Management Program for Two Times a Week for Three Weeks Quantity: 6 are denied as it is not supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY WITH PAIN MANAGEMENT PROGRAM FOR TWO TIMES A WEEK FOR THREE WEEKS QUANTITY: 6: 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 Physical Medicine; Chronic pain programs, Page(s): 98-99; 30-34.

Decision rationale: According to MTUS guidelines, physical therapy may be recommended for acute exacerbations of chronic pain. Chronic pain programs may be recommended when "(1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted (if a goal of treatment is to prevent or avoid controversial or optional surgery, a trial of 10 visits may be implemented to assess whether surgery may be avoided); (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success above have been addressed." In this case a request is made for 6 visits of physical therapy within a pain management program for a 49-year-old female with chronic neck and upper extremity pain status post cervical fusion. However, the patient has had extensive physical therapy in the past without evident functional improvement. There is no documentation of significant acute exacerbation. Records do not establish patient motivation to change or forgo secondary gains. Negative predictors of success have not been addressed. Therefore the request is not medically necessary. In this case a request is made for 6 visits of physical therapy within a pain management program for a 49-year-old female with chronic neck and upper extremity pain status post cervical fusion. However, the patient has had extensive physical therapy in the past without evident functional improvement. There is no documentation of significant acute exacerbation. Records do not establish patient motivation to change or forgo secondary gains. Negative predictors of success have not been addressed. Medical necessity is not established.

PAIN MANAGEMENT COGNITIVE BEHAVIORAL THERAPY ONE SESSION A WEEK FOR EIGHT WEEKS QUANTITY:8: Upheld

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 Behavioral interventions, Chronic pain programs, Page(s): 23; 30-34.

Decision rationale: According to MTUS guidelines, behavioral interventions such as cognitive behavioral therapy are recommended. An initial trial of 3-4 psychotherapy visits over 2 weeks is recommended, which may be extended to 6-10 visits with evidence of functional improvement. In this case a request is made for 8 visits of cognitive behavioral therapy within a pain management program for a 49-year-old female with chronic neck and upper extremity pain status post cervical fusion. However, prior number of cognitive behavior therapy visits is not provided. Further, there is documentation of past psychotherapy being "not too helpful." Also, the requested number of visits exceeds the recommendation of 3-4 for an initial trial. Finally, records do not establish patient motivation to change or forgo secondary gains. Negative predictors of success have not been addressed. Therefore the request is not medically necessary.

PAIN MANAGEMENT VISITS WITH PAIN PSYCHOLOGIST FOR TWELVE SESSIONS QUANTITY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations Page(s): 100-102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations; Psychological treatment Page(s): 100-101; 101-202.

Decision rationale: According to MTUS guidelines, psychological evaluations and treatment are recommended. "Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in chronic pain populations." Treatment is "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." In this case a request is made for 12 visits with a pain psychologist within a pain management program for a 49-year-old female with chronic neck and upper extremity pain status post cervical fusion. However, prior number of psychology visits is not provided. Further, records do not demonstrate functional improvement from past psychotherapy. There is documentation of psychotherapy being "not too helpful." Finally, records do not establish patient motivation to change or forgo secondary gains. Negative predictors of success have not been addressed. Therefore the request is not medically necessary.