

Case Number:	CM13-0019419		
Date Assigned:	10/11/2013	Date of Injury:	11/29/2005
Decision Date:	02/04/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in PM&R, has a subspecialty in Interventional Spine 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 physician 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:

Patient is a 36 YO male with a date of injury of 11/29/2005. UR letter dated 08/26/2013 denied cognitive behavioral pain management sessions stating, "clinical need for these sessions could not be established." The liver, renal and testosterone testing was denied by UR stating this request was a duplicate and already certified on 08/19/2013. Patient has diagnoses of chronic left shoulder pain with impingement, neck pain with UE radiculitis, opioid dependence, bilateral lumbar radicular pain, bladder urgency, impotence, gastritis, insomnia and constipation from narcotics. Patient is status post L4-S1 fusion and L4 laminectomy for grade 2 spondyloisthesis (date of surgery not provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral pain management times 6 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: There are two progress reports provided for review dated 07/02/2013 and 04/16/2013. There are no discussions regarding Cognitive Behavioral pain management or request thereof in these two reports. There is a report dated 08/10/2012 by [REDACTED], indicating

patient has received individual care for CBT. The report states, "treatment goals for CBT are the same- to reduce pain and disability and promote fastest return to work." It was reported that there was no change in patient's pain or function since his last treatment visit. MTUS guidelines do recommend identification and reinforcement of coping skills for management of chronic pain. When cognitive behavioral therapy is recommended, it recommends starting with an initial trial of 3-4 sessions, and with improvement, up to 6-10 sessions. Patient has already received CBT in 2012; documents are unclear of the number of sessions and the outcome of objective functional improvement, if any. Recommendation is for denial.

Liver, renal and testosterone testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: ODG states routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids. Given patient's long term, high dose of oral opioids usage, a liver, renal and testosterone testing is reasonable. As stated in UR letter dated 08/26/2013, the requested blood work was already certified on 08/19/2013 and confirmed certification with treater via conversation on 08/19/2013. There is no evidence that the patient has had the blood work done. Recommendation is for denial.