

<b>Case Number:</b>	CM13-0023293		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/07/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### 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 Pain Management, has a subspecialty in Disability Evaluation, 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:

The claimant is a 55-year-old female with a date of industrial injury of 04/07/12. According to the claimant who reported that in April 2012 she began a sequence of shopping for the church picnic to occur on the Saturday between Good Friday and Easter Sunday of 2012. The Tuesday before Easter, she shopped for items for three hours, and did a lot of bending, stooping, and lifting- to carry items and stock them in the store room and freezer/refrigerator. On Good Friday, she packed the food items into ice chests and then into trailers. On Saturday, she unpacked all of the times at a park and set up the food and a barbecue. After the picnic, she packed up the food and unpacked it at the church and placed the supplies in storage. While performing all of these activities, she developed aching pain in her lower back and pain radiating down both thighs to the knee level. This cumulative trauma injury, spread over several days, was witnessed by facilities workers [REDACTED] and by the church pastor [REDACTED]. By Easter Sunday, the patient's pain was severe in her low back and bilateral thighs. She reported the situation to the Human Resources person, [REDACTED]s. She took off multiple days from work, stayed in bed, and took Advil, but the pain did not resolve. By the Sunday following Easter, she had resumed working and told [REDACTED] of her ongoing pain. On the Monday after that, she was refer-red by her employer to [REDACTED]. The clinic doctors examined her, took x-rays, and placed her on modified duty with no lifting. She was treated with oral anti-inflammatories such as ibuprofen. She was told her diagnosis was back strain. The patient continued treating conservatively at the clinic for about two months, while working in a modified capacity. Her symptoms did not improve and worsened with development of numbness extending to both thighs, in addition to pain there. A lumbar MRI scan was ordered. She was not able to tolerate a close

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Anesthesiology/pain management consult and treatment:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 3rd Edition, 2011, Independent Medical Examinations and Consultation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)Chapter 7, Independent Medical Examinations.

**Decision rationale:** It is not clear why an anesthesiology/pain management consultation is being requested and how this would be helpful in the overall treatment plan, particularly since the patient's previous workup including two lumbar MRI studies and an electrodiagnostic study of the low back and lower extremities were essentially unremarkable with only some minimal degenerative changes noted. Although the treating physician indicated that the reason the MRI stud was not reliable is because of patients obesity, however the EMG/Nerve conduction studies where also negative. This patient has had two epidural steroid injections that offered minimal pain relieve, further indication that the Anesthesiologist referral for pain management was not medically necessary.

### **Treatment of patient's obesity (and psyche):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lifestyle (dietary and exercise) modifications

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) lifestyle (dietary and exercise) modifications

**Decision rationale:** According to the Official Disability Guidelines regarding lifestyle (dietary and exercise) modifications, "Reduction of obesity and an active lifestyle can have major benefits. Medical nutritional therapy must be individualized, with insulin dosage adjustments to match carbohydrate intake, high glycemic index food limitations, adequate protein intake, heart healthy diet use, weight management, and sufficient physical activity. A diet that is based on high-heat-treated foods increases markers associated with an enhanced risk of type 2 diabetes and cardiovascular diseases in healthy people. Replacing high-heat-treatment techniques by mild cooking techniques may help to positively modulate biomarkers associated with an increased risk of diabetes mellitus and cardiovascular diseases." Also according to CAT-MTUS (Effective July 18, 2009).page 101 to 102 of 127, regarding psychological treatment, "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. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long-term effect on return to work. The following "stepped-care" approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." It is not clear specifically as to what specific treatment is supposed to be done and why the patient could not manage with her own home exercise program and diet for the obesity issues and not clear specifically as to what specific psychological intervention is required and what specific functional goals are to be achieved with the psychological intervention. Therefore, the request for treatment of patient's obesity (and psyche) is not medically necessary

**CAT scan of the abdomen and pelvis w/ and w/o intravenous contrast:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Claims Administrator based its decision on the MedlinePlus/US National Library of Medicine/National Institute of Health, abdominal CT scan

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 22.

**Decision rationale:** CA MTUS(Effective July 18, 2009) ACOEM (2004), under the section General Approach to Initial Assessment and Documentation page 22 states: A focused medical history, work history, and physical examination generally are sufficient to assess the patient who complains of an apparently job-related disorder. The initial medical history and examination will include evaluation for serious underlying conditions, including sources of referred symptoms in other parts of the body. The initial assessment should characterize the frequency, intensity, and duration in this and other equivalent circumstances. In this assessment, certain patient responses and findings raise the suspicion of serious underlying medical conditions. These are referred to as red flags. Their absence rules out the need for special studies, immediate consultation, referral, or inpatient care during the first 4 weeks of care (not necessarily the first 4 weeks of the worker's condition), when spontaneous recovery is expected, as long as associated workplace factors are mitigated. In some cases a more complete medical history and physical examination may be indicated if the mechanism or nature of the complaint is unclear. Also per 08/14/13 note, there was mention of anesthesiology/pain management consultation and treatment, along with mention

to have the patient be evaluated on a nonindustrial basis to rule out colon cancer or bladder cancer or other non-industrial causes of low back pain in view of the negative results of the initial lumbar MRI and EMG/NCS testing of the low back and lower extremities which were negative. According to a clinic note on 08/15/13, there was mention of the actual MRI films from 08/12/13 being reviewed and concurred with the conclusions of the radiologist [REDACTED] concerning the orthopedic findings and it was also thought that a CAT scan of the abdomen and pelvis should be obtained to rule out non-industrial causes of back pain such as a small kidney stone or solid tumor- of one of the abdominal organs: Therefore the request for CAT scan of the abdomen and pelvis w/ and w/o intravenous contrast (no oral contrast) is medically necessary to help exclude non-industrial causes of the patients lower back pain.