

Case Number:	CM13-0023719		
Date Assigned:	11/15/2013	Date of Injury:	11/17/2004
Decision Date:	01/14/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, chronic leg pain, and psychological test reportedly associated with an industrial injury of November 17, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; opioids; unspecified amounts of psychotherapy over the life of the claim; and extensive periods of time off of work. In a utilization review report of August 8, 2013, the claims administrator denied a request for 16 psychotherapy sessions and also denied a request for urine toxicology screening. The applicant's attorney subsequent appealed, on September 12, 2013. An earlier progress note of July 27, 2013 is notable for comments that the applicant reports persistent low back and left leg pain. 50 percent of the pain is in the back and 50 percent of the pain is radicular. The applicant is on Percocet, Baclofen, Cymbalta, and Neurontin, which the patient states is helpful. The patient remains depressed, and has tried numerous psychotropic medications over the years, including Elavil, Desyrel, Lunesta, and Ambien. It is stated that the applicant could consider spine surgery, further physical therapy, and psychotherapy. The applicant has not returned back to work. Percocet has been renewed and a psychotherapy course of 16 sessions, Ambien, and Cymbalta are appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 sessions of psychotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: The MTUS/ACOEM Guidelines in chapter 15 states, failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressor. The MTUS Chronic Pain Medical Treatment Guidelines does endorse tying extension of psychotherapy to clear evidence of functional improvement. In this case, the employee has had prior unspecified amounts of psychotherapy over the life of the claim. The employee's failure to return to any form of work and continued usage of multiple different analgesic, adjuvant, and psychotropic medications, taken together, indicates a lack of functional improvement. Continuing psychotherapy with clear evidence of functional improvement is not indicated. Additionally, it is unclear whether the employee is receiving psychotherapy for depressive issues or mental health issues generated by chronic pain. The medical records provided for review does not show evidence of functional improvement following completion of prior psychotherapy. The request for 16 sessions of psychotherapy are not medically necessary and appropriate.

Urine toxicology screening: 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 Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for Use of Urine Drug Testing..

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does support intermittent urine drug testing in the chronic pain population, however, the MTUS does not establish specific parameters for or define a frequency with which to perform urine drug testing. The Official Disability Guidelines (ODG) Chronic Pain Chapter, does suggest that an attending provider furnish a complete list of drug tests and drug panels along with a request for authorization for urine drug testing. In this case, however, the attending provider did not clearly state which drug tests or drug panels they were testing for at the time of the request for authorization. The request for a urine toxicology is not medically necessary and appropriate.