

Case Number:	CM13-0027213		
Date Assigned:	11/22/2013	Date of Injury:	10/11/2011
Decision Date:	01/31/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	09/20/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Ohio and Texas. 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 patient is a 46-year-old male who reported an injury on 10/11/2011. The patient is currently diagnosed with chronic pain syndrome, lumbar radiculopathy, and cervical brachial syndrome. The patient was seen by [REDACTED] on 09/09/2013. The patient reported continued complaints of pain. Physical examination revealed an antalgic gait. Treatment recommendations include pain management counseling 6 times per week for 1 week, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

pain management counseling, 6 times a week for 1 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: California MTUS Guidelines state cognitive behavioral therapy is recommended. California MTUS Guidelines utilize the ODG cognitive behavioral therapy guidelines for chronic pain, which allows for 3 to 4 psychotherapy visits over 2 weeks. Following the initial trial, and evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the clinical notes submitted, the patient

has been previously treated for a psychological disorder at [REDACTED] in 01/2013 to include 18 sessions, which addressed comorbid psychological disorders. The patient also completed 20 sessions of a functional restoration program. The medical necessity for ongoing treatment has not been established. The current request for pain management counseling 6 times per week for 1 week exceeds guideline recommendations. As such, the request cannot be determined as medically appropriate. Therefore, the request is non-certified.

Tramadol-acetaminophen 37.5-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized narcotic medication. Despite the ongoing use, the patient continues to complain of left-sided low back pain with functional limitation. Satisfactory response to treatment is not indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.