

Case Number:	CM13-0038334		
Date Assigned:	12/18/2013	Date of Injury:	06/19/2000
Decision Date:	01/30/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/30/2013

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 Anesthesiology, has a subspecialty in Pain 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 patient is a 46-year-old male who reported an injury on 06/19/2000. The mechanism of injury was not provided for review. The patient developed chronic low back pain, bilateral buttocks pain, bilateral hip pain, bilateral knee pain, and bilateral ankle and foot pain. The patient's chronic pain was managed with medications and injection therapy. The patient was monitored for compliance with random drugs screens and opioid agreement and random cures report. The patient was also treated with supportive psychiatric care. The patient's most recent clinical examination findings included pain with medications rated 9/10 and 10/10 without medications. The patient's medications included oxycodone hydrochloride 15 mg 1 to 2 tablets every 4 to 6 hours, 8 per day. Physical findings included decreased range of motion of the lumbar spine with a positive straight leg-raising test bilaterally and sensory deficits in the L4-S1 dermatomes bilaterally. It was also noted that the patient has motor deficits in the right lower extremity to range of motion against resistance and tenderness to palpation. The patient's diagnoses included back pain, lumbar, with radiculopathy, piriformis syndrome, degenerative facet disease of the lumbar spine, knee pain, depression, and anxiety. The patient's treatment plan included a gym membership, massage therapy, continued cognitive behavioral therapy, and an evaluation with a pain psychologist. The patient was also scheduled to undergo a caudal ESI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78.

Decision rationale: The requested oxycodone is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is monitored for aberrant behavior. California Medical Treatment Utilization Schedule recommends continued use of opioids in the management of a patient's chronic pain to include significant functional benefit, significant pain relief, management of side effects and evidence of monitoring for aberrant behavior. The clinical documentation submitted for review does provide evidence that the patient is able to work on a part time basis and is monitored for compliance to a prescribed medication schedule. However, the patient's pain is rated at a 9/10 with medications and a 10/10 without medications providing evidence that medication requested is not providing adequate pain relief. Therefore, continued use would not be indicated. As such, the requested oxycodone is not medically necessary or appropriate. .

Gym membership for 1 year: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 05/10/13)

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

Decision rationale: The requested Gym membership for 1 year is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously was certified for a gym membership. However, the submitted documentation lacks evidence the patient is unable to progress in an independent home exercise program. Additionally, the need for exercise equipment is not clearly established. There are no objective quantitative measures supporting significant functional benefit of the previous gym membership. As such, the request Gym membership for 1 year is not medically necessary or appropriate.

12 Massage sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The requested 12 visits of massage therapy is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain radiating into the bilateral lower extremities. California

Medical Treatment Utilization Schedule does recommend massage therapy for duration of 4 to 6 visits. Although the patient may benefit from massage therapy, the request is for 12 visits, which exceed guideline recommendations. There are no exceptional factors noted within the documentation to support extension of treatment beyond guideline recommendations. As such, the requested decision for massage therapy x12 is not medically necessary or appropriate.

1 pain psyche evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101.

Decision rationale: The requested psychological evaluation is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously underwent cognitive behavior therapy. Although psychological treatment is recommended by California Medical Treatment Utilization Schedule, the efficacy of the previous psychological support is not established within the documentation. Therefore, an additional psychological evaluation would not be indicated. As such, the requested psychological evaluation is not medically necessary or appropriate.

8 Cognitive Behavioral Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines.

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

Decision rationale: The requested 8 cognitive behavioral therapy sessions is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received cognitive behavior therapy. California Medical Treatment Utilization Schedule recommends additional psychological treatment be based on objective functional improvements. The clinical documentation submitted for review does not provide any evidence of objective functional improvements related to the prior therapy. Therefore, continuation of this type of therapy would not be indicated. As such, the requested cognitive behavioral therapy x8 is not medically necessary or appropriate.