

Case Number:	CM13-0039631		
Date Assigned:	12/20/2013	Date of Injury:	03/20/2006
Decision Date:	03/17/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/07/2013

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 & Rehabilitation 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:

This patient reported a date of injury of 03/20/2006. Per treating physicians report 08/29/2013, the patient presents with neck, shoulder, arm, leg pains. The pain is throbbing and aching in the left buttock up to the spine from the mid thoracic region down the left leg posteriorly, intensity at 7/10 to 8/10. Patient's depression has gotten worse. Listed diagnoses are lumbar spinal stenosis without neurogenic claudication, unspecified hereditary and idiopathic peripheral neuropathy. Under discussion, the treating physician indicates that the patient has industrially related depression and non-industrial diabetes. The patient needs continued psychological treatments as recommended by [REDACTED] and needs to see a psychologist who speaks his dialect of Armenian. 10/21/2013 report by [REDACTED] states "I am confused as to the rationale for the denial of the CBT. The MTUS and ODG both support it. I support it. The psych AME supports it."

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

Decision rationale: The treating physician appears to document chronic pain and depression which is apparently getting worse. There is no question that this patient would benefit from cognitive behavioral therapy. However, MTUS Guidelines page 23 has specific recommendation regarding how many sessions should be provided. MTUS recommends only trial of initial 3 to 4 psychotherapy sessions over two weeks. Additional 6 to 10 visits can be allowed with evidence of objective functional improvement over to 5 to 6 weeks for individual sessions. Reason for denial of the requested 8 sessions of cognitive behavioral therapy is that MTUS Guidelines only allow 3 to 4 sessions of initial trial and total of up to 6 sessions over 5 to 6 weeks with demonstration of functional improvement. The current request of 8 sessions exceeds what is allowed by MTUS Guidelines. Recommendation is for denial.

Meloxicam 15mg #30: 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 Page(s): 22, 60-61, 67-68..

Decision rationale: This patient presents with chronic pain particularly the low back and the treating physician has asked for use of Meloxicam. This request was denied by the utilization reviewer letter dated 09/30/2013. The reviewer states "there is no indication why the claimant cannot use an over-the-counter NSAID. Therefore, the treatment request for Meloxicam 15 mg #30 is not medically necessary." MTUS Guidelines clearly support NSAID as the first line treatment for chronic low back pain as stated on page 22. Recommendation is for authorization.