MAXIMUS Federal Services

Case Number:	CM14-0105196		
Date Assigned:	07/30/2014	Date of Injury:	05/12/2010
Decision Date:	08/29/2014	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 expert 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 injured worker is a 50-year-old male who reported an injury on 05/12/2010 due to while working at a car service department felt a sharp pain while pushing a car. The injured worker has diagnoses of lumbar spine strain and lumbar spine degenerative joint disease. The injured worker's past treatment includes acupuncture, steroid injections, chiropractic therapy, physical therapy, heat adjustments, and medication therapy. Diagnostics include x-rays, MRI of the lumbar spine and Electromyogram/nerve conduction velocity EMG/NCV of the lower extremities bilaterally. The injured worker's surgical history consists of post hernia repair. The injured worker complained of right and left groin pain. He rated the pain on the right side a 5/10 to 7/10 and a 6/10 to 8/10 on the left side. The injured worker stated that the pain was aggravated with straining, squatting, pushing, lifting, or puling. It was also noted that the injured worker stated there was numbness down the left inguinal area and medial thigh. Physical examination dated 05/22/2014 revealed that the injured worker had edema and tenderness to palpation at the left inguinal site. The injured worker also had positive numbness along the inner thigh. It was noted that the injured worker had tenderness to palpation to the right groin area. There was no edema, no erythema, no ecchymosis, or bulge visible. The injured worker's treatment plan includes continuing with the home exercise program per specialist; provide the injured worker with maximum medical improvement with future medical care of non-narcotic pain medication, and to have the injured worker start cognitive rehab therapy. Current medications include Hydrocodone/Acetaminophen 10/325. There was no duration, frequency, or dosage documented in the submitted report. The rationale submitted is that the provider feels that the injured worker would benefit from having a primary treating provider that could focus more on the injured

worker's chronic pain and constant consumption of strong narcotic pain medications. The request for authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive rehab therapy times sixteen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for Cognitive rehab therapy times sixteen is not medically necessary. The injured worker complained of right and left groin pain. He rated the pain on the right side a 5/10 to 7/10 and a 6/10 to 8/10 on the left side. The California Medical Treatment Utilization Schedule (MTUS) state that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Guidelines stipulate that initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The injured worker's onset of pain began shortly after he reported injury on 05/12/2010. The injured worker had tenderness to palpation to the site of his groin area. The submitted report lacked quantified evidence of physical treatment that the injured worker had previously had. There was also lack of evidence of any objective functional deficits. Furthermore, the request submitted was for 16 visits, exceeding the recommended initial trial of 3 to 4 visits over 2 weeks. As such, the request for cognitive rehab therapy x16 is not medically necessary and appropriate.