MAXIMUS Federal Services

Case Number:	CM14-0109054		
Date Assigned:	09/16/2014	Date of Injury:	02/27/2006
Decision Date:	10/15/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/14/2014

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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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:

Note from September 4, 2014, indicated ongoing history of back pain. The insured had undergone an Intrathecal Morphine Pump trial with report of 30 to 36 hours of very good pain relief of 60% to 75% ability to take minimal oral pain medications, sleep better, and be more active. The insured reported increased functional activity for activities of daily living. The history is listed as multilevel disc disease with a history of positive discogram at L4-L5. The insured was reported to be a surgical candidate but was felt to be too unstable to undergo surgery due to poorly controlled hypertension as well as history of coronary artery bypass graft. Ongoing medications include Roxicodone, Norco, Neurontin, Wellbutrin, Prilosec, and Soma. Physical exam findings indicate strength as being 4 to 4+ on both the right and left in the upper and lower extremities. There was decreased range of motion. There is decreased sensory exam in the L5-S1 distribution in the right calf with lumbar positive discogram reported February 3, 2010 being positive at L4-L5. The insured was reported to have previously undergone extensive conservative treatment including numerous medications, epidural steroid injections, spinal cord stimulation. The insured was reported to undergo Intrathecal Morphine, which did provide good pain relief but was unable to tolerate side effects including cognitive dysfunction, nausea and vomiting. The insured was requested for cognitive behavioral psychotherapy to address his depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurocognitive Assessment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain, Psychological Evaluation

Decision rationale: The medical records provided for review indicate the presence of chronic pain with coexisting depression and anxiety Official Disability Guidelines support psychotherapy as Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work.