

Case Number:	CM14-0115689		
Date Assigned:	08/04/2014	Date of Injury:	10/19/2010
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 patient is a 49-year-old woman who sustains a work related injury on October 19, 2010. She subsequently developed chronic back and knee pain. The patient received cortisone injection in February 2012 with temporary benefit and 2 lumbar epidurals in July and September of 2011. Previously, she underwent left knee surgery in May 17, 2005 and right knee arthroscopic surgery in May 24, 2011. MRI of the cervical spine dated September 15, 2011 showed minimal anterolisthesis of C4 on C5 and C5-6 disc protrusion. MRI of the lumbar spine dated September 15, 2011 showed moderate scoliotic curvature of the lumbar spine, multilevel facet arthropathy of a moderate degree with no evidence of high-grade central canal stenosis, mild grade I anterolisthesis of L4 on L5, and mild retrolisthesis of T12 on L1. MRI of the left shoulder dated March 8, 2012 showed a possibility of a re-tear of the supraspinatus tendon. MRI of the right knee dated October 8, 2012 showed horizontally oriented tearing in the posterior horn of the medial meniscus. According to a progress note dated July 1, 2014, the patient had a flare up of the right knee pain. Her physical examination demonstrated right knee pain with reduced range of motion. McMurray's test was positive. There was no effusion noted but with a mild, diffuse swelling. The patient was diagnosed with sprains and strains of the knee and leg, pain in the joint of the lower leg, lumbosacral neuritis and lumbar disc displacement without myelopathy. Prior treatment included medications (Norco, Cymbalta, Flexeril, Motrin, Singulair, Advair, and Xopenex), and physical therapy (several sessions of physical therapy in 2011, activity modification, and roughly 30-40 sessions of therapy between the knee and back). The provider requested authorization for 12 sessions of CBT pain management and 12 sessions of analgesic assisted relaxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of CBT pain management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES; COGNITIVE BEHAVIORAL THERAPY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: According to MTUS guidelines, “Behavioral interventions. Recommended. The 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. See also Multi-disciplinary pain programs.” There is no documentation of the results of a psychological evaluation to undergo CBT sessions. Guidelines recommended an initial trial of 3-4 visits over 2 weeks. The request for additional cognitive behavioral therapy cannot be approved without assessing the efficacy of the first 4 sessions of cognitive behavioral therapy. The provider request exceeds the number of visits recommended by the guidelines. Therefore, the request for 12 of cognitive behavioral therapy sessions is not medically necessary.

12 sessions of analgesic assisted relaxation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES; HYPNOSIS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: There is no controlled studies or guidances supporting the use of hypnosis for pain management. There is no documentation of psychology evaluation recommending hypnosis therapy for pain management. Similar to CBT, analgesic assisted relaxation should start with few sessions (3-4 sessions) and depending on the response of the patient to these sessions, further sessions will be considered. Therefore, the request for 12 sessions of analgesic assisted relaxation is not medically necessary.