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| Case Number: | CM14-0121955 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 08/15/2003 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/01/2014 |

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 Preventive 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 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:

According to the records made available for review, this is a 72-year-old male with a 8/15/03 date of injury. At the time (7/9/14) of request for authorization for Psych evaluation, 6 sessions of biofeedback with pain psychologist, and Bilateral L5 radiofrequency ablation with fluoroscopy, there is documentation of subjective (pain 8/10 with medication use, pain levels increased, complex regional pain syndrome symptoms remain in left upper and left lower extremities) and objective (not pertinent findings) findings. The current diagnoses are complex regional pain syndrome, left upper extremity, status post crush injury, complex regional pain syndrome, left lower extremity, status post work-related injury, chronic pain syndrome, status post failed spinal cord stimulator trial, cervicalgia, lumbar spondylosis, lumbalgia, and opioid dependence. The treatment to date includes medications, including ongoing treatment with Methadone, Actiq, Lyrica, Intermezzo, Celebrex, Metanx, Prilosec, and previous L5 radiofrequency ablation in December 2013 with excellent relief and able to walk and complete chores around house for longer periods of times. 6/9/14 medical report identifies patient has completed 5 out of 6 authorized psychotherapy treatments. Regarding 6 sessions of biofeedback with pain psychologist, there is no documentation that patient is in a current cognitive behavioral therapy program to facilitate exercise therapy and return to activity and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach. Regarding Bilateral L5 radiofrequency ablation with fluoroscopy, there is no documentation of improvement in VAS score, and at least 12 weeks at 50% relief with prior neurotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Psychological Evaluation.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, as criteria necessary to support the medical necessity of psychological evaluation. The Official Disability Guidelines identifies that psychological evaluation are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations, as criteria necessary to support the medical necessity of psychological evaluation. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome, left upper extremity, status post crush injury, complex regional pain syndrome, left lower extremity, status post work-related injury, chronic pain syndrome, status post failed spinal cord stimulator trial, cervicgia, lumbar spondylosis, lumbalgia, and opioid dependence. In addition, there is documentation of chronic pain. However, given documentation of previous psychotherapy sessions, there is no documentation of a rationale for psych evaluation. Therefore, based on guidelines and a review of the evidence, the request for a psych evaluation is not medically necessary.

6 sessions of biofeedback with pain psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluation; Biofeedback Page(s): 100-102; 24-25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress; Pain, Psychological Evaluation; Biofeedback.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that a consultation with a psychologist allows for screening, assessment of goals, and further treatment options. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. Official Disability Guidelines identifies that psychological evaluations are well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. In addition, the Official Disability Guidelines identifies documentation of chronic pain and a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach, as criteria necessary to support the medical necessity of

biofeedback in conjunction with CBT. Furthermore, Official Disability Guidelines supports an initial trial of 4 visits, and with evidence of objective functional improvement, a total of up to 6-10 visits. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome, left upper extremity, status post crush injury, complex regional pain syndrome, left lower extremity, status post work-related injury, chronic pain syndrome, status post failed spinal cord stimulator trial, cervicalgia, lumbar spondylosis, lumbalgia, and opioid dependence. In addition, there is documentation of chronic pain. However, there is no documentation that patient is in a current cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. In addition, there is no documentation of a lack of progress after 4 weeks of physical medicine using a cognitive motivational approach. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of biofeedback with pain psychologist is not medically necessary.

Bilateral L5 radiofrequency ablation with fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic, Criteria for the use of facet joint radiofrequency neurotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Facet joint radiofrequency neurotomy.

Decision rationale: MTUS reference to ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results and that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines identifies documented improvement in VAS score, documented improvement in function, no more than two joint levels will be performed at one time, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure, as criteria necessary to support the medical necessity of repeat facet joint radiofrequency neurotomy. Within the medical information available for review, there is documentation of diagnoses of complex regional pain syndrome, left upper extremity, status post crush injury, complex regional pain syndrome, left lower extremity, status post work-related injury, chronic pain syndrome, status post failed spinal cord stimulator trial, cervicalgia, lumbar spondylosis, lumbalgia, and opioid dependence. In addition, there is documentation of a previous L5 radiofrequency ablation in December 2013 and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. Furthermore, given documentation of patient able to walk and complete chore around house for longer periods of times status post previous radiofrequency ablation, there is documentation of improvement in function. Moreover, there is documentation of no more than two joint levels will be performed at one time and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy (medications). However, there is no documentation of improvement in VAS score. In addition, despite documentation of excellent relief with previous radiofrequency ablation, there is no documentation of at least 12 weeks at 50% relief with prior neurotomy. Therefore, based on

guidelines and a review of the evidence, the request for Bilateral L5 radiofrequency ablation with fluoroscopy is not medically necessary.