

Case Number:	CM14-0151082		
Date Assigned:	09/19/2014	Date of Injury:	03/25/2013
Decision Date:	10/20/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/17/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 3/25/13. A utilization review determination dated 9/9/14 recommends non-certification of pain management psychologist evaluation, coccygeal steroid injection, and duloxetine. 8/27/14 medical report identifies lower backache and "coccyx." There is increased pain since returning to work. She is waiting to schedule her low back injections if they have been approved. On exam, there is limited ROM (range of motion) with spasm, tenderness, tight muscle band and trigger point with twitch response and radiating pain on palpation. Gaenslen's was positive along with FABER, pelvic compression test, and positive tenderness over the coccyx and sacroiliac spine. Knee flexors are 5-/5 and hip flexors are 4+/5. Patient was "constantly writhing in her seat due to pain." Recommendations include coccyx steroid injection, consideration for right SI steroid injection and L5-S1 ESI (epidural steroid injection), and medications, including a trial of duloxetine. Gabapentin was discontinued due to sedation. Also, an adjustable height work table and wedge seat cushion with a coccyx cut out, are noted to be pending. MRI was said to show a fractured coccyx. Pain management psychologist evaluation was also recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Psychologist for Evaluation of Cognitive Behavior Therapy/Pain-Coping Skills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102.

Decision rationale: Regarding the request for Pain Management Psychologist for Evaluation of Cognitive Behavior Therapy/Pain-Coping Skills, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. Within the documentation available for review, there is no current documentation of any significant psychological symptoms or findings to support the medical necessity of specialty consultation/evaluation. In the absence of such documentation, the currently requested Pain Management Psychologist for Evaluation of Cognitive Behavior Therapy/Pain-Coping Skills is not medically necessary.

Coccygeal/Ganglion of Impars Steroid Injection Under Fluoroscopic Guidance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Physician Journal 2007

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.ncbi.nlm.nih.gov/pubmed/17876362>.

Decision rationale: Regarding the request for Coccygeal/Ganglion of Impars Steroid Injection under Fluoroscopic Guidance, CA MTUS and ODG do not address the issue. A search of the National Library of Medicine revealed an article titled "Transsacrococcygeal approach to ganglion impar block for management of chronic perineal pain: a prospective observational study." It noted that a transsacrococcygeal approach for a ganglion impar block is a technically feasible and safe technique and recommended it for diagnostic blocks, especially when the diagnosis and further plan of management is dependent on the response of the diagnostic block. Within the documentation available for review, it was noted that the patient has coccygeal pain and tenderness. An MRI was said to show a fracture of the coccyx. An injection is reasonable not only for therapeutic purposes, but should also serve a diagnostic function by determining whether or not the coccyx is a significant pain generator and, if so, how much it is contributing to the patient's pain given that there appear to be multiple pain generators. In light of the above, the currently requested Coccygeal/Ganglion of Impars Steroid Injection under Fluoroscopic Guidance is medically necessary.

Duloxetine HCL DR 30mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (Duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: Regarding the request for duloxetine (Cymbalta), guidelines state that antidepressants are recommended as a 1st line option for neuropathic pain and as a possibility for non-neuropathic pain. Guidelines go on to recommend a trial of at least 4 weeks. Within the documentation available for review, there is a suggestion of neuropathic pain as well as non-neuropathic pain. The patient has tried gabapentin, but discontinued the medication due to side effects. The request is noted to be for an initial trial of duloxetine. In light of the above, the currently requested duloxetine (Cymbalta) is medically necessary.