MAXIMUS Federal Services

| Case Number: | CM14-0154583 | | |
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| Date Assigned: | 09/24/2014 | Date of Injury: | 05/09/2002 |
| Decision Date: | 10/30/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/22/2014 |

## 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 Occupational Medicine and is licensed to practice in Texas. 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 applicant is a represented [redacted] employee who has filed a claim for chronic pain syndrome, chronic groin pain, depression, and anxiety reportedly associated with an industrial injury of May 9, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; at least 24 prior sessions of psychotherapy, per the claims administrator; psychotropic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 11, 2014, the claims administrator denied a request for three sessions of physical therapy, 24 sessions of psychotherapy, and cypionate (testosterone). The applicant's attorney subsequently appealed. In a February 10, 2014 progress note, the applicant reported persistent complaints of low back, knee, and leg pain reportedly attributed to reflex sympathetic dystrophy, myalgias, and myositis. The applicant was given refills of Lyrica, MiraLax, Arthrotec, and Norco. Chiropractic manipulative therapy was endorsed. The applicant's work restrictions were renewed. It did not appear that the applicant was working with limitations in place. In a May 9, 2014 Doctor's First Report (DFR), the applicant transferred care to a new primary treating provider. Persistent complaints of low back pain, groin pain, and testicular pain were noted status post failed hernia repair surgery. The applicant was using a nerve stimulator, tizanidine, Cymbalta, Norco, Lyrica, and Arthrotec, it was noted. The applicant was placed off of work, on total temporary disability. Multiple medications were renewed. On June 6, 2014, the applicant was placed off of work, on total temporary disability. 9/10 pain was noted. Significant complaints of pain were noted, which reportedly interfered with household chores, in his ability to perform activities of daily living, lift, carry, push, and pull. The applicant's depression was also reportedly significantly worsened. Cymbalta, Lyrica, Norco, Arthrotec, and tizanidine were renewed while the applicant was kept off of work. On August 26,

2014, the applicant's psychologist acknowledged that the applicant had not responded favorably to earlier treatment. It was acknowledged that the applicant would likely not return to work at any point in the future. It was stated that the applicant was receiving Social Security Disability Insurance (SSDI) benefits and was loath to relinquish the same. The applicant was having difficulty performing even basic activities of daily living, it was further noted. On August 29, 2014, authorization was sought for a testosterone injection, myofascial release treatments for the lumbar spine, medical transportation to and from office visits, and 24 sessions of psychological counseling. The applicant was placed off of work, on total temporary disability. It was stated that the applicant's testosterone level was 279, which was in the lower end of the normal range.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**3 PHYSICAL THERAPY TYPE VISITS FOR THE LUMBAR SPINE (1X3):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 8.

**Decision rationale:** The attending provider indicated in his August 29, 2014 progress note, that he intended for the three sessions of treatment to include myofascial release treatment, a passive modality. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as myofascial release should be employed "sparingly" with more active therapies or active modalities. The request, thus, as written, runs counter to MTUS principles and parameters as it implies explicit usage of passive myofascial release therapy. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant has had prior unspecified amounts of physical therapy over the course of the claim. These have, however, proven unsuccessful. The applicant remains off of work, on total temporary disability. The applicant remains highly dependent on various opioid and nonopioid medications, including Cymbalta, Norco, Lyrica, Arthrotec, tizanidine, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy and myofascial release therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

**24 PSYCHOTHERAPY VISITS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400, 405.

**Decision rationale:** The attending provider indicated in his August 29, 2014 progress note, that he intended for the three sessions of treatment to include myofascial release treatment, a passive modality. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as myofascial release should be employed "sparingly" with more active therapies or active modalities. The request, thus, as written, runs counter to MTUS principles and parameters as it implies explicit usage of passive myofascial release therapy. It is further noted that page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant has had prior unspecified amounts of physical therapy over the course of the claim. These have, however, proven unsuccessful. The applicant remains off of work, on total temporary disability. The applicant remains highly dependent on various opioid and nonopioid medications, including Cymbalta, Norco, Lyrica, Arthrotec, tizanidine, etc. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f despite earlier physical therapy and myofascial release therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

**CYPIONATE 200 MG/ML #10 MI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism topic Page(s): 110. Decision based on Non-MTUS Citation
http://www.questdiagnostics.com/testcenter/testguide.action?dc=TS_Testosterone_LCMSMS
Quest Diagnostics, Testosterone Reference Ranges in Adults.

**Decision rationale:** While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend testosterone replacement for hypogonadism in applicants taking high-dose, long-term opioids to document low testosterone levels, in this case, however, the applicant's testosterone level of 279 is, per Quest Diagnostics, within normal limits. It is further noted that the attending provider has not indicated what clinical signs and/or symptoms of hypogonadism are evident here so as to justify possible usage of cypionate (testosterone) injection despite the normal free testosterone lab result. Therefore, the request is not medically necessary.