MAXIMUS Federal Services

Case Number:	CM14-0156729		
Date Assigned:	09/26/2014	Date of Injury:	01/08/2014
Decision Date:	10/27/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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 and is licensed to practice in Illinois. 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 injured worker is a 38-year-old male who reported an injury on 01/08/2014. The mechanism of injury occurred while catching a patient falling off of a gurney. The injured worker's diagnoses included right L4 radiculopathy, disc degeneration of the L3-S1, and right ankle sprain. The injured worker's past treatments included approximately 8 sessions of chiropractic therapy, a home exercise program, medications, and 8 physical therapy sessions, which included 2 to 3 aqua therapy sessions. The injured worker's diagnostic exams included an MRI of the lumbar spine. The injured worker has no pertinent surgical history at this time. On 07/31/2014, the injured worker complained of consistent low back pain with radiation down to the right lower extremity. The injured worker also complained of ongoing anxiety, depression, stress incontinence and pain. He also reported that he had ongoing spasms and difficulty sleeping. The physical exam revealed that the patient had a positive straight leg raise. The injured worker was ambulating using bilateral axillary crutches with a slow gait. There was also severe bilateral paraspinous muscle spasms and moderate tenderness to superficial palpation along the right low back. Also, his reflexes were significantly suppressed at both knees and ankles. The injured worker's medications include Zohydro 20 mg, Vicoprofen 7.5/200 mg. The treatment plan consisted of a trial use of a transcutaneous electrical stimulation unit, the use of electro diagnostic testing to confirm a diagnosis of radiculopathy, continuation of physical therapy, continuation of medications, and consideration for pain management cognitive behavioral psychotherapy. A request was received for TENS unit x2 month trial and cognitive behavioral therapy counseling for 12 sessions. The rationale for the request was not clearly indicated. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Unit x 2 month trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) P.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for a transcutaneous electrical nerve stimulation unit for a 2 month trial is not medically necessary. The California MTUS Guidelines do not recommend transcutaneous electrotherapy as a primary treatment modality. A one-month home-based transcutaneous electrical nerve stimulation trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for the use of a TENS unit include documentation of pain of at least three months duration and a treatment plan including the specific short- and long-term goals of treatment. Based on the clinical notes, the injured worker had complaints of low back pain with radiating symptoms into the right leg. The clinical notes also indicated that the physical exam revealed severe bilateral paraspinous muscle spasms and tenderness to right lower back. The requested service if for a 2 month trial of a TENS unit. However, the guidelines do not recommend home-based transcutaneous electrical nerve stimulation trial for longer than 1 month. The clinical notes indicated the injured worker would be participating in physical therapy in conjunction with the use of the TENS unit, which would be supported by the guidelines for use. Additionally, the clinical notes documented pain of at least three months duration, which would also support the use of transcutaneous electrotherapy. Although, the guidelines support these indications, the clinical notes still failed to indicate that there was evidence that other appropriate pain modalities have been tried and failed. Also, there was an absence of a treatment plan including the specific short- and long-term goals of treatment. Therefore, due to lack of documentation indicating that the injured worker failed other treatment modalities, an absence of a treatment plan including the specific short- and long-term goals of treatment, and the request of a 2 month trial, the request is not supported. Thus, the request for a transcutaneous electrical nerve stimulation unit for a 2 month trial is not medically necessary.

CBT counseling x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for Cognitive Behavioral Therapy counseling x 12 sessions is not medically necessary. The California MTUS Guidelines recommend behavioral interventions for the identification and reinforcement of coping skills. The criteria for the use of cognitive behavioral therapy for chronic pain includes the screening of patients to determine risk factors

for delayed recovery and fear avoidance beliefs. These factors can be determined by performing a Fear-avoidance beliefs questionnaire. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The physician should consider a separate psychotherapy cognitive behavioral referral after 4 weeks if there is a lack of progress from physical medicine alone. The initial trail consists of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement, the visits may total up to 6-10 visits over 5-6 weeks. Based on the clinical notes, the injured worker had complaints of low back with radiating symptoms since 1/08/2014. He also received multiple physical and chiropractic therapy sessions following the initial injury. This indication would be supported for the referral of cognitive behavioral therapy. However, the clinical notes failed to indicate that injured worker completed a Fear-avoidance beliefs questionnaire to identify risk factors for delayed recovery. Also, the clinical notes failed to identify the injured workers pain using quantitative measurements. Additionally, the request for 12 cognitive behavioral therapy sessions exceeds the recommend trial of 3-4 psychotherapy visits over 2 weeks. Therefore, due to lack of documentation indicating that the injured worker completed a Fear-avoidance beliefs questionnaire, quantitative pain scores, and the excessive request of 12 sessions, the request is not supported. Thus, the request for Cognitive Behavioral Therapy counseling x 12 sessions is not medically necessary.