MAXIMUS Federal Services

Case Number:	CM14-0158659		
Date Assigned:	10/02/2014	Date of Injury:	10/16/2012
Decision Date:	10/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 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:

Injured worker is a 59 year old female with date of injury 10/16/2012. Date of the UR decision was 9/25/2014. The injured worker had a slip and fall injury resulting in brachial neuritis/radiculitis NOS, intervertebral disc disorder with myelopathy of cervical region and thoracic sprain. Report dated 9/8/2014 suggested that she was continuing to participate and was doing well with the cognitive behavioral therapy and relaxation techniques. It was stated that she had been on medications for prolonged period of time and with the lab test done about a little less than a year ago; the results of which were normal. Urine testing done on 7/16/2014 showed that she was taking her medication appropriately and there were no abnormal findings and she had been very compliant. Report dated 08/15/2014 listed diagnoses of anxiety disorder with depressed mood and pain disorder. She was being prescribed Norco and Xanax as needed. Treatment Plan suggested to continue treatment with Cognitive Behavior Therapy and Biofeedback training.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, differentiation: dependence and addiction Page(s): 85.

Decision rationale: Chelminski multi-disciplinary pain management program criteria: (Chelminski, 2005) Criteria used to define serious substance misuse in a multi-disciplinary pain management program: (a) cocaine or amphetamines on urine toxicology screen (positive cannabinoid was not considered serious substance abuse); (b) procurement of opioids from more than one provider on a regular basis; (c) diversion of opioids; (d) urine toxicology screen negative for prescribed drugs on at least two occasions (an indicator of possible diversion); & (e) urine toxicology screen positive on at least two occasions for opioids not routinely prescribed.There is no documentation suggestive of abuse, diversion of the controlled medications that are being prescribed for the injured worker i.e. Norco and Xanax. Thus, the request for Urine Analysis is not medically necessary.

Certified Spanish Interpreter times 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Workers Compensation Law California: Interpreters Required for Medical Treatment

Decision rationale: Workers Compensation Law California: "Interpreters Required for Medical Treatment are required 1) pursuant to the employer's obligation under Labor Code section 4600[fn1] to provide medical treatment reasonably required to cure or relieve the injured worker from the effects of his or her injury, the employer is required to provide reasonably required interpreter services during medical treatment appointments for an injured worker who is unable to speak, understand, or communicate in English; 2) to recover its charges for interpreter services, the interpreter lien claimant has the burden of proving, among other things, that the services it provided were reasonably required, that the services were actually provided, that the interpreter was qualified to provide the services, and that the fees charged were reasonable."Report dated 04/05/13 indicated that the injured worker was interviewed without the assistance of Spanish/English translator. There is no available documentation that patient has a lack of English. In the absence of that documentation, the request for a certified Spanish translator is not considered medically necessary per the Guides and California labor codes.

Biofeedback times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback Page(s): 24.

Decision rationale: MTUS states "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. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain.Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success."Report dated 08/15/2014 listed diagnoses of anxiety disorder with depressed mood and pain disorder. Treatment Plan suggested to continue treatment with Cognitive Behavior Therapy and Biofeedback training. The injured worker has already been in CBT treatment, thus request for Biofeedback times 4 is not medically necessary at this time.

Psych Testing times 4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress and Psychological evaluations

Decision rationale: ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. "It has been documented that Beck Depression Inventory and Beck Anxiety Inventory were performed on 8/15/14; 7/11/14; 6/06/14. The injured worker has been diagnosed with Anxiety disorder NOS and Pain disorder. The detailed results of the Psychological testing that has been performed in the last 3 sessions is not available. There is no clear indication as to why Psychological testing is needed to be performed at subsequent visits also.The request for Psych Testing times 4 is not medically necessary.