

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0034570 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 11/19/2012 |
| Decision Date: | 12/12/2014 | UR Denial Date: | 03/07/2014 |
| Priority: | Standard | Application Received: | 03/20/2014 |

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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 19, 2012. In a Utilization Review Report dated March 7, 2014, the claims administrator denied a neurology consultation, denied a psychology consultation, denied six sessions of cognitive behavioral therapy, denied six sessions of massage therapy, denied Abilify, denied Pilates, and denied a piriformis injection. The claims administrator stated that it had not been provided with any progress notes and therefore denied each of the request based on lack of supporting information. The injured worker's attorney subsequently appealed. In a June 11, 2014 progress note, the injured worker reported ongoing complaints of low back pain radiating into the buttocks, hips, and groin. The injured worker stated that Pilates, a form of exercise, had been beneficial for her in the past. The injured worker did have some limited sitting, standing, walking, and lifting tolerance, it was stated. The injured worker was able to shop twice a week. It was suggested (but not clearly stated) that the injured worker was working on "very light duty." A spine surgery consultation was endorsed. The attending provider posited that the injured worker might be a candidate for a fusion or disk arthroplasty. The attending provider stated that Abilify was being employed for mood stabilization purpose. The attending provider suggested that the injured worker was using Abilify for bipolar disorder purposes. The attending provider expressed concern that the neurology consultation had been denied. The attending provider reiterated, on several occasions that the injured worker was getting worse, not better. The attending provider then stated that the injured worker would probably be a qualified injured worker, implying that the injured worker was not working. The attending provider stated that the combination of Abilify and/or Cymbalta might ameliorate the injured worker's mood disorder/bipolar disorder. In a July 11, 2014 appeal letter, the attending provider went on to

appeal the neurology consultation, psychology consultation, six sessions of cognitive behavioral therapy, six sessions of massage therapy, Abilify, Pilates, and piriformis injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider (PTP) to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. Here, the injured worker has ongoing complaints of low back pain, progressively worsening over time. The attending provider's documentation, while at times incongruous, does suggest that the injured worker is getting worse from visit to visit and is no longer working. Obtaining the added expertise of a physician in another specialty, such as neurology, may be beneficial in helping to formulate a treatment plan. Therefore, the request is medically necessary.

Psychologist Consult: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Consultation Page(s): 14.

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

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an injured worker's failure to improve may be due to an incorrect diagnosis, an unrecognized medical or psychological condition, or unrecognized psychosocial stressors. Here, the attending provider has posited that the injured worker has a variety of mental health issues superimposed on her chronic pain concerns. The injured worker no longer appears to be working. It is possible, thus, that the injured worker may have some psychological overlay and/or underlying psychopathology which is contributing to her delayed recovery. Obtaining the added expertise of a psychologist to explore the extent of the same is indicated. Therefore, the request is medically necessary.

Six Cognitive Behavioral Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Intervention Page(s): 46-47.

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

Decision rationale: While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that behavioral interventions such as the cognitive behavioral therapy are "recommended" in the chronic pain context present here, page 23 of the MTUS Chronic Pain Medical Treatment Guidelines qualifies this recommendation by noting the psychotherapy should be delivered via an initial trial of three to four treatments over two weeks and a total of up to 6-10 visits over five to six weeks in injured workers who demonstrate objective evidence of functional improvement with the same. Here, however, the attending provider did not clearly outline how much prior psychotherapy the injured worker had or had not had. The attending provider did not outline the injured worker's response to earlier psychotherapy/cognitive behavioral therapy (if any). Therefore, the request is not medically necessary.

Massage Therapy 6 sessions over 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine Page(s): 60, 98.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. In this case, it was not clearly stated how much prior massage therapy the injured worker had had through the date of the request. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities such as massage be employed "sparingly" during the chronic pain phase of a claim. Here, however, the attending provider did not state why massage therapy was being sought at this late stage in the life of the claim, despite the tepid-to-unfavorable position on the same. Therefore, the request is not medically necessary.

Abilify 5mg Quantity 30 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Abilify Medication Guide

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, continuing with an established course of antipsychotics is important. Here, the attending provider suggested that the injured worker was intent on employing Abilify for mood stabilization purposes, for alleged bipolar disorder as opposed to for psychosis or schizophrenia

purposes. The Food and Drug Administration (FDA) does acknowledge that Abilify, an atypical antipsychotic, can be employed for a variety of mental health issues, including for schizophrenia, manic or mixed episodes associated with bipolar disorder, maintenance therapy for bipolar disorder, and as an adjunctive treatment for major depressive disorder. The attending provider's request to employ Abilify for mood stabilization purposes for bipolar disorder, thus, does conform to the FDA label. The attending provider, moreover, seemingly phrased the request as a first-time request. Therefore, the request is medically necessary.

Pilates x 6 sessions over 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 60.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Exercise Page(s): 47.

Decision rationale: As noted on pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines, there is no sufficient evidence to support the recommendation of any particular exercise regimen, such as the Pilates proposed, over any other exercise regimen. Similarly, the MTUS Guideline in ACOEM Chapter 5, page 83 also notes that injured workers must assume certain responsibilities to achieve functional recovery, one of which includes adhering to exercise regimens. The Pilates at issue, thus, per ACOEM, is an article of injured worker responsibility as opposed to an article of payer responsibility. Therefore, the request is not medically necessary.

Piriformis Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index Hip, Piriformis Injection

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, ligamentous injections/local injections such as the piriformis injection at issue, are deemed "not recommended." In this case, it is further noted that there is considerable lack of diagnostic clarity present here. The injured worker has been given various diagnoses, including that of lumbar radiculopathy for which the injured worker has been asked to consult a neurosurgeon, with superimposed mental health issues such as bipolar disorder. The attending provider's documentation did not identify any pathology localizable to the piriformis muscle. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity here. Accordingly, the request is not medically necessary.