

Case Number:	CM14-0036833		
Date Assigned:	06/25/2014	Date of Injury:	03/31/2009
Decision Date:	11/05/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	03/26/2014

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 Anesthesiologist, Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 03/31/2009. The mechanism of injury was not submitted for review. The injured worker's past medical treatment consists of heat/cold packs, physical therapy, acupuncture, chiropractic therapy, ESIs, facet joint injections and medication therapy. Medications include gabapentin, Norco, Prilosec, Anaprox, amitriptyline, multivitamin, Motrin, and Nucynta. An MRI obtained of the lumbar spine on 11/20/2012 demonstrated L4-5 degenerative changes with posterior hypertrophy and grade 1 anterolisthesis as well as broad posterior disc bulge or protrusion. The central canal was mildly narrowed. The lateral recess was narrowed. There was facet arthropathy at L5-S1. On 09/23/2014, the injured worker complained of neck and low back pain. Physical examination revealed that the injured worker was tender in the paraspinal muscles at L4 through S1. She had pain with flexion. Reflexes of patella 1+. Achilles was 2+. Strength was 5/5 of the left lower extremity, 4+/5 in the right lower extremity. The injured worker had decreased sensation in the right lateral leg. Straight leg raising was negative. Patrick's caused pain in the right groin. The injured worker was noted to have groin pain with internal and external rotation of the hip. Examination of the cervical spine revealed mild decrease of range of motion. The injured worker was tender in the paracervical muscles. Sensation of the upper extremities was intact. Reflexes were 1+. Strength was 5/5 bilaterally. The medical treatment plan is for the injured worker to undergo medication management. Rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7 Independent medical examinations and consultations regarding referrals

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 22.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines state the identification and reinforcement coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. MTUS guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks. The requested submitted is for 6 sessions. The request did not specify over what amount of time, not meeting the MTUS criteria guidelines of over 2 weeks. Furthermore, there was a lack of documentation as to whether the injured worker has or would benefit from psychotherapy. As such, the request for 6 medication management sessions is non-certified. The request as submitted did not indicate or specify how many sessions of medication management the provider was requesting. Additionally, there was lack of documentation as to whether the injured worker has or would benefit from psychotherapy. Given the above, the injured worker is not within the MTUS' recommended guidelines. As such, the request is not medically necessary.