

Case Number:	CM14-0042740		
Date Assigned:	07/07/2014	Date of Injury:	09/04/2012
Decision Date:	08/18/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Practice 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:

Female claimant sustained a work injury on 9/4/12 involving the neck and low back. She had used a TENS unit, H-wave and oral analgesics for pain control. She was diagnosed with S1 chronic radiculopathy and underwent 2 back surgeries including discectomy . She eventual developed post-discectomy syndrome. In addition she had cervical degenerative disk disease, myofascial tenderness and depression. Her pain had improved after surgery but she had residual chronic numbness in the lower extremities. The claimant, in addition, had taken Lyrica for neuropathic symptoms. A progress note on 11/5/13 indicated that the claimant had had continued low back pain with right leg numbness, weakness and spasms. She was treated with Norco, Naprosyn, Zanaflex and Zoloft. Physical findings were notable for tenderness to palpation of the lumbar spine, bilateral tenderness and reduced range of motion. Sensory exam is notable for reduced sensation to touch from the buttocks down to the calves. Due to recurrent pain, a spinal cord stimulator, 6 sessions of acupuncture, cognitive behavioral therapy and psychiatric evaluation had been recommended. A medical evaluator on 11/13/13 indicated that the continued findings of antalgic gait, with right-sided sensory and motor deficits would require surgery rather than a spinal cord stimulator. A surgery would involve arthrodesis and decompression of L5-S1. She had a psychiatric evaluation of 2/25/14 that indicated that she had chronic pain associated with psychological factors including anxiety, depression, sleep difficulties and sexual difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychiatric evaluation for a Spinal Cord Stimulator: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Spinal Cord stimulator Page(s): 105.

Decision rationale: Since a spinal cord stimulator is not medically necessary the psychiatric evaluation would also not be medically necessary. See the decision explanation below regarding spinal cord stimulator.

Spinal Cord Stimulator Trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Spinal Cord stimulator Page(s): pg 105.

Decision rationale: According to the MTUS guidelines, spinal cord stimulator is only for selected patients in cases when less invasive procedures have failed or are contraindicated, for specific conditions indicated below, and following a successful temporary trial. Although there is limited evidence in favor of Spinal Cord Stimulators (SCS) for Failed Back Surgery Syndrome (FBSS) and Complex Regional Pain Syndrome (CRPS) Type I, more trials are needed to confirm whether SCS is an effective treatment for certain types of chronic pain. Although failed back syndrome is an indication for stimulator implantation according to the guidelines, an independent evaluator believed the claimant would benefit more from another surgery rather than a stimulator. Based on limited evidence an opinion from another provider stating a stimulator is not necessary, the request for spinal cord stimulator trial is not medically necessary.

Acupuncture to low back six sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week (3) Optimum duration: 1 to 2 monthsBased on the guidelines, acupuncture is an option when pain medication is reduced or not tolerated. In this case, there is no mention of pain medication

changes or intolerance. In addition, there is no surgical intervention planned at the time of the acupuncture request. Therefore acupuncture is not medically necessary.

Cognitive behavioral therapy consultation and treatment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CBT guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) CBT.

Decision rationale: According to the MTUS guidelines, CBT is recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. THE MTUS references the ODG guidelines below. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone:- Initial trial of 3-4 psychotherapy visits over 2 weeks- With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions) Based on the guidelines above, the claimant has not undergone screening and exercise instruction through physical medicine at the time of CBT request. Based on the lack of screening and initial evaluation through physical medicine, the request for CBT is not medically necessary.