

Case Number:	CM14-0089689		
Date Assigned:	07/23/2014	Date of Injury:	08/17/2012
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/13/2014

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 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 38-year-old female who reported an injury on 08/17/2012. The mechanism of injury was noted to be lifting. The injured worker's diagnosis was noted to be L4-5 disc protrusion with radicular pain. Her prior treatments were noted to be lumbar epidurals, facet injections, acupuncture, physical therapy, and medications. The injured worker had an MRI of the lumbar spine. The injured worker had a clinical evaluation on 05/22/2014 with subjective complaints of lower back pain and radicular leg pain, numbness, and tingling that persisted and were stated to be more severe. She rated her pain a 10/10. She was taking Naprosyn 550 mg once daily in the morning and Flexeril 7.5 mg 1 at bedtime. The injured worker stated treatment including lumbar epidural, lumbar facet injection, acupuncture, and physical therapy were not helpful. The objective physical examination findings included lumbar range of motion limited to 30 degrees flexion, 10 degrees extension, causing typical back pain. Pain was noted with palpation of the lumbar area specifically over bilateral L3-4 and L4-5 facet joints and generalized discomfort mentioned over the paraspinal muscles. The straight leg raise on the right at 80 degrees sitting and 30 degrees lying caused back pain. Left straight leg raise was 90 degrees sitting, 30 degrees supine, causing left-sided back pain greater than right. The neurological testing of the bilateral patellar and Achilles reflexes were equal and present at 1. The injured worker was noted to use medications Naprosyn and Flexeril. The treatment plan indicate a request for a 2 month trial of a TENS unit for treatment of myofascial pain. In addition, the treatment plan included a recommendation for psychotherapy to treat depression and a repeat lumbar MRI due to persistent lower back pain and increasing leg weakness and numbness. The provider's rationale for the request was noted within the 05/22/2014 clinical evaluation. The Request for Authorization form was provided within the review and dated 05/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Psychotherapy/CBT sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, page(s) 23 Page(s): 23.

Decision rationale: The request for 8 psychotherapy/cognitive behavioral therapy sessions is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which would lead to psychological or physical dependence. Cognitive behavioral therapy guidelines for chronic pain include screening 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. The guidelines recommend a cognitive behavioral therapy referral after 4 weeks of lack of progress from physical medicine alone. The recommendations are an initial trial of 3 to 4 psychotherapy visits over 2 weeks and then with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks. It is noted within the clinical evaluation on 05/22/2014 that psychotherapy, along with oral medication and aquatic therapy, are requested for the injured worker who has depression related to ongoing back pain. However, the provider's request for 8 psychotherapy/cognitive behavioral therapy sessions is in excess of the recommended sessions or visits that the guidelines provide. In addition, more documentation is needed to support lack of progress from physical medicine therapy. Therefore, the request for 8 psychotherapy/cognitive behavioral therapy sessions is not medically necessary.

Transcutaneous Electrical Nerve Stimulator (TENS) unit, four or more leads, 2 month home trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Nerve Stimulator - TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS,(transcutaneous electrical nerve stimulation), page(s) 114-116 Page(s): 114-116.

Decision rationale: The request for transcutaneous electrical nerve stimulator (TENS) unit 4 or more leads, 2 month home trial, is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines do not recommend transcutaneous electrical nerve stimulation as a primary treatment modality, but a 1 month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based function restoration. The provider's request for a 2 month home trial is in excess of the guideline recommendations of a 1 month home-based TENS trial. In addition, the guidelines only

recommend the 1 month home-based TENS trial as an adjunct to a program of evidence-based function restoration. Therefore, the request for transcutaneous electrical nerve stimulator (TENS) unit, 4 or more leads, 2 month home trial is not medically necessary.

Aquatic Therapy/Exercises x 8 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22, 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy, page(s) 22 Page(s): 22.

Decision rationale: The request for aquatic therapy/exercises times 8 sessions is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend aquatic therapy as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight-bearing is desirable (for example, extreme obesity). The recommended number of visit according to the guidelines are 8 to 10 visits over 4 weeks. The injured worker has noted in a clinical evaluation dated 05/22/2014 that water therapy provided relief, but she was unable to continue that therapy during the school year. It is unknown how many sessions the injured worker used of aquatic therapy as well as the start of treatment date. The guidelines provide 8 to 10 visits over 4 weeks. The providers request of 8. Without further documentation, it is unclear how many sessions of aquatic therapy are left to use over a 4 week period. Therefore, the request for aquatic therapy/exercises times 8 sessions is not medically necessary.

MRI Lumbar Spine without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 18th Edition (Web), 2013, Low Back - MRI Imaging.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, MRIs (magnetic resonance imaging).

Decision rationale: The request for an MRI of the lumbar spine without contrast is not medically necessary. The Official Disability Guidelines do not routinely recommend a repeat MRI. A repeat MRI should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (tumor, infection, fracture, neural compression, or recent disc herniation). The objective examination of the injured worker's signs and symptoms do not indicate significant pathology recommended by the guidelines to warrant a repeat MRI. There is a lack of objective findings or physiological evidence indicating specific nerve compromise per neurological examination to warrant imaging as well. Therefore, the request for an MRI of the lumbar spine without contrast is not medically necessary.

Lidocaine Patch 5%, qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, page(s) 111-112 Page(s): 111-113.

Decision rationale: The request for lidocaine patch 5% quantity of 30 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend lidocaine for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. For non-neuropathic pain, lidocaine is not recommended. There is only 1 trial that tested 4% lidocaine for the treatment of chronic muscle pain. The results showed there was no superiority over placebo. According to a clinical evaluation on 05/22/2014, it was not indicated that the injured worker has failed a first line therapy of a tricyclic or an SNRI antidepressant or an AED such as gabapentin or Lyrica. In addition, the provider's request failed to provide a frequency of use for the lidocaine patch. Therefore, the request for lidocaine patch 5% quantity of 30 is not medically necessary.