

Case Number:	CM14-0170850		
Date Assigned:	12/12/2014	Date of Injury:	10/12/2011
Decision Date:	01/21/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/16/2014

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 Internal 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 patient is an injured worker with a history of neck, back, and shoulder injuries. The progress report dated September 18, 2014 documented subjective complaints of chronic neck and low back pain. He has depressive symptoms. He does state that the Venlafaxine was helping with his depressive symptoms. He states that he had psychologic consultation. Patient reports that he continues to have persistent back pain that has not improved. Patient states that he does not know how he will return back to work secondary to his chronic pain. He does try to continue home exercise program. The patient has history of hyperlipidemia. Patient denies having any prior problems with anesthesia. He denies smoking cigarettes or cigars. He denies alcohol use. Right shoulder MRI magnetic resonance imaging dated 3/21/13 demonstrated no rotator cuff tear or marked tendinosis. Small amount of glenohumeral fluid was noted. Small subcoracoid effusion was noted. Intact acromioclavicular joint was noted. Type II acromion with lateral downsloping was noted. MRI magnetic resonance imaging of the lumbar spine dated 11/17/2011 noted a congenitally small central canal. L4-5 midline annular tear with mild disc bulge as noted. L5-S1 midline annular tear with small central protrusion contacting but not impinging the left S1 nerve root as noted. Mild disc bulges at L2-3 and L3-4 were noted. MRI magnetic resonance imaging of the thoracic spine dated 11/17/2011 noted that there is good position and alignment of thoracic spine, with preservation of disc and vertebral body height, as well as signal. There is no evidence of soft tissue or bone marrow edema to suggest acute injury. There is no significant degenerative changes. Small incidental Schmorl's nodes are seen at multiple levels and lower thoracic spine. The thoracic spinal cord appears normal. There is no central or foraminal stenosis in the thoracic spine. Negative MRI magnetic resonance imaging of thoracic spine was reported. History of present illness was documented. The patient was injured on 10/12/11. While demolishing a roof and carrying a heavy roll of roofing material, he stepped onto a ramp to throw away the debris in

a dumpster and the ramp moved and he fell to the ground from the roof landing on his right side hitting his chest against the ground. He injured his chest, neck, right shoulder, right leg, back and right side of the ribs and hip. He states that he has continued to remain symptomatic ever since the accident. He has been treating through chiropractors and has had some physical therapy. He also has had some cognitive therapy. The patient had a fall injuring multiple body parts. He does have cervical MRI magnetic resonance imaging that shows limited cervical motion suggesting muscular spasm. There is also 2 mm central disc protrusions at C5-C6 and C6-C7 without canal or foraminal stenosis. He does have an L4-L5 midline annular tear with mild disc bulge, L5-S1 midline annular tear with small central protrusion contacting but not impinging the left SI nerve root. He also has an EMG electromyography that shows electrodiagnostic evidence suggestive of lumbar radiculopathy involving the right L5-S1 nerve roots. There is no electrodiagnostic evidence of cervical radiculopathy or peripheral neuropathy in the upper extremities. His right shoulder MRI shows no rotator cuff tear or marked tendinosis. Patient has had lumbar epidural steroid injection with some benefit. He did request for another lumbar epidural steroid injection. Current medications included Topiramate, Nabumetone, and Venlafaxine. Diagnoses included lumbar disc displacement, sprain and strain of neck, and sprain and strain thoracic. Objective findings were documented. The patient is well-developed, well groomed, well-nourished, and in no cardiorespiratory distress. Patient was cooperative. The patient's mood and affect were appropriate. There was no evidence of sedation. The patient was alert and oriented and there were no signs of sedation. Patient's gait was antalgic. Patient ambulated into the room without any assistance. Trachea is mid-line. Examination of the cervical spine reveals tenderness to palpation along the cervical paraspinal muscles with muscle tension extending into the upper trapezius muscles bilaterally. Range of motion of the cervical spine is decreased by 20% with flexion, 30% with extension and 20% with rotation bilaterally. Sensations were intact to light touch at the bilateral upper extremities. Tinel's was negative bilaterally. Motor strength was 5 out of 5 at the bilateral upper extremities. Range of motion of the lumbar spine was decreased by 40% with flexion, 30% with extension and 30% with rotation bilaterally. Sensations were decreased to light touch along the right lower extremity compared to the left lower extremity. Deep tendon reflexes were 1+ and equal at the patella. However, deep tendon reflexes were 1+ at the right Achilles and 2+ at the left Achilles. Motor strength was 4/5 with right foot dorsiflexion and right leg extension compared to the left lower extremity. Clonus was negative bilaterally. Treatment plan was documented. Patient presents with chronic neck and low back pain. He continues to have worsening of failed coping skills, pain and depressive symptoms. Spinal injections were requested. Twelve sessions of follow-up CBT cognitive behavioral therapy were requested. The psychologist report dated October 7, 2014 indicated that the patient had not undergone any type of CBT cognitive behavioral therapy treatment on an industrial basis to date. Utilization review determination date was 10/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Restoration Program: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs); Functional restoration programs (FRPs);.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses multidisciplinary programs. Chronic pain programs are also called multidisciplinary pain programs, interdisciplinary rehabilitation programs, or functional restoration programs (FRP). These pain rehabilitation programs combine multiple treatments. Patients should be motivated to improve and return to work, and meet the patient selection criteria outlined below. Criteria for the general use of multidisciplinary pain management programs were presented. Outpatient pain rehabilitation programs may be considered medically necessary when all of the following criteria are met: (1) An adequate and thorough evaluation has been made, including baseline functional testing so follow-up with the same test can note functional improvement; (2) Previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; (3) The patient has a significant loss of ability to function independently resulting from the chronic pain; (4) The patient is not a candidate where surgery or other treatments would clearly be warranted; (5) The patient exhibits motivation to change, and is willing to forgo secondary gains, including disability payments to effect this change; & (6) Negative predictors of success have been addressed. Access to programs with proven successful outcomes is required. The following variables have been found to be negative predictors of efficacy of treatment with the programs as well as negative predictors of completion of the programs: (1) a negative relationship with the employer/supervisor; (2) poor work adjustment and satisfaction; (3) a negative outlook about future employment; (4) high levels of psychosocial distress (higher pretreatment levels of depression, pain and disability); (5) involvement in financial disability disputes; (6) greater rates of smoking; (7) duration of pre-referral disability time; (8) prevalence of opioid use; and (9) pre-treatment levels of pain. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. Longer durations require individualized care plans and proven outcomes, and should be based on chronicity of disability and other known risk factors for loss of function. Total treatment duration should generally not exceed 20 full-day sessions. The progress report dated September 18, 2014 documented that patient has had lumbar epidural steroid injection with benefit. Another lumbar epidural steroid injection was requested. Medications have been beneficial. Cognitive behavioral therapy was requested. MTUS criteria for the general use of functional restoration programs (FRP) requires that the previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement. Medical records indicate the previous methods of treating chronic pain have been successful and there are options that may lead to clinical improvement. Negative predictors of success are active problems. Utilization review determination dated 10/7/14 documented that the provider did not request a functional restoration program. Because the MTUS criteria were not met, the request for a functional restoration program is not supported by MTUS guidelines. Therefore, the request for Functional Restoration Program is not medically necessary.

Spanish language pain education cognitive behavioral treatment x 10 sessions: 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 Behavioral interventions; Psychological evaluations Page(s): 23; 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive therapy for depression, Cognitive therapy for panic disorder

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. 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 chronic pain populations. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are 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. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are the ODG guidelines. The psychologist report dated October 7, 2014 indicated that the patient had not undergone any type of CBT cognitive behavioral therapy treatment on an industrial basis to date. ODG guidelines state the initial trial of cognitive behavioral therapy (CBT) is limited to 6 visits. Therefore, the request for 10 sessions of CBT would exceed ODG guideline recommendations and is not supported. Therefore, the request for Spanish language pain education cognitive behavioral treatment x 10 sessions is not medically necessary.