

Case Number:	CM15-0007154		
Date Assigned:	01/26/2015	Date of Injury:	10/28/2005
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 20, 2005. In a Utilization Review Report dated December 8, 2014, the claims administrator partially approved a request for a TENS unit purchase as a one-month trial rental of the same, denied lumbar medial branch blocks, partially approved a request for a psychological consultation and testing as psychological consultation alone, and denied a request for six sessions of cognitive behavioral therapy. The claims administrator contended that it was not clear or readily apparent whether the applicant had had earlier cognitive behavioral therapy or not. Non-MTUS ODG Guidelines were invoked to deny the medial branch block. The claims administrator referenced progress notes dated September 5, 2014 and October 22, 2014 in its determination. The applicant's attorney subsequently appealed. In a July 13, 2014 pain management evaluation, it was acknowledged that the applicant was no longer working. The applicant had reportedly had MRI imaging, x-rays, physical therapy, acupuncture, steroid injections, surgery, and manipulative therapy without any significant benefit. The applicant had reported failed a lumbar fusion surgery. The applicant had seen a psychologist back in 2009, it was suggested. The applicant was given a diagnosis of failed back syndrome, chronic low back pain, depression, and insomnia. Pamelor for neuropathic symptoms, Lyrica for neuropathic pain and lumbar medial branch blocks were endorsed. The attending provider acknowledged that 60% of the applicant's pain was axial, while 40% of the applicant's pain complaints were radicular in nature. The claims administrator's

medical evidence log suggested that the July 13, 2014 progress note was the most recent clinical progress note provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of TENS/ES unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the Use of TENS topic Page(s): 116.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a purchase of a TENS unit should be predicated on evidence of a successful outcome during an earlier one-month trial of the same, in terms of both pain relief and function. Here, however, the admittedly limited information on file does not establish the presence of a previously successful one-month trial of the TENS unit at issue, although it is acknowledged that the October 22, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to establish the presence of a successful one-month trial of a TENS unit. Therefore, the request was not medically necessary.

Lumbar medial branch block at bilateral L3-L4-L5: 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), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 12, page 301 does establish a role for diagnostic differential dorsal ramus medial branch blocks as a precursor to subsequent usage of facet neurotomies in applicants with suspected diskogenic or facetogenic pain, in this case, however, the applicant's presentation was not, in fact, evocative or suggestive of diskogenic or facetogenic low back pain for which lumbar medial branch blocks could have been considered. Rather, as acknowledged by the attending provider in her July 2014 progress note, referenced above, the applicant had significant residual lumbar radicular pain complaints following earlier failed lumbar fusion surgery as of that date. Medial branch blocks were not, thus, indicated in the clinical context present here. Therefore, the request was not medically necessary.

Psychological consultation and testing: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 397.

Decision rationale: As noted in the MTUS Guidelines in ACOEM Chapter 15, page 397, an attending provider should "avoid the temptation" to perform exhaustive testing on applicants with mental health issues to include the entire differential diagnosis of an applicant's symptoms as ACOEM deems such tests as generally unrewarding. Here, the attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ACOEM position on the article at issue, although it is acknowledged that the October 22, 2014 progress note on which the article in question was sought was seemingly not incorporated into the Independent Medical Review packet. The information which was/is on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.

Cognitive behavior therapy x 6 sessions: Upheld

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

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

Decision rationale: As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the frequency of mental health follow-up visits should be determined by the severity of an applicant's symptoms, whether or not an applicant was referred for further testing and/or psychotherapy, and/or whether or not an applicant is missing work. Here, the severity of the applicant's symptoms was not clearly established as the October 22, 2014 progress note on which the article in question was sought was not incorporated into the Independent Medical Review packet. It was not clearly established whether the applicant was or was not having severe mental health issues. It was not clearly established whether the applicant had or had not received prior psychotherapy and/or cognitive behavioral therapy. Therefore, the request was not medically necessary.