

Case Number:	CM15-0009898		
Date Assigned:	01/27/2015	Date of Injury:	05/05/2011
Decision Date:	04/22/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/16/2015

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: New York
 Certification(s)/Specialty: Internal 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 patient is a 57-year-old male who sustained a work related injury to the lower back on May 5, 2011. There was no mechanism of injury documented. The injured worker was diagnosed lumbar spondylosis, right sciatica L2-L3 spondylolisthesis grade I, lumbar degenerative disc disease L2-L4 with stenosis, chronic low back and depression. According to the primary treating physician's progress, report on December 22, 2014 the patient continues to experience low back pain radiating to the right leg. Current medications consist of Wellbutrin, Trazadone, Seroquel, Naprosyn, Prilosec, Norco and Ultram. Treatment modalities consist of physical therapy (unknown number attended), transcutaneous electrical nerve stimulation (TEN's) and medication. The injured worker is Permanent and Stationary (P&S). The treating physician requested authorization for Group Cognitive Behavioral Therapy (CBT) times 6 sessions; Individual Cognitive Behavioral Therapy (CBT) times 6 sessions; Medication Management times 6 visits; Temazepam 15mg #30. On January 7, 2015 the Utilization Review denied certification for Group Cognitive Behavioral Therapy (CBT) times 6 sessions; Individual Cognitive Behavioral Therapy (CBT) times 6 sessions; Medication Management times 6 visits; Temazepam 15mg #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and the Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

TREMAZEPAM 15MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Pg 24.

Decision rationale: MTUS, Chronic Pain Treatment Guidelines, Per MTUS, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The injured worker is diagnosed with Adjustment disorder with anxiety, Anxiety disorder and Depression. The continued use of Temazepam is not appropriate as Benzodiazepines are recommended for no more than 4 weeks. The request for Temazepam 15MG #30 is not medically necessary by MTUS.

MEDICATION MANAGEMENT X6: Overturned

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 Not specific. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Office visits.

Decision rationale: Per Guidelines, the value of patient/doctor interventions has not been questioned. The need for a clinical office visit with a health care provider is individualized upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Guidelines state that a set number of office visits per condition cannot be reasonably established as patient conditions vary. Documentation shows no significant improvement in function with treatment modalities provided to date, including medications that would require close monitoring. Per guidelines, the request for Medication Management X6 is medically necessary.

GROUP Cognitive Behavioral Therapy (CBT) X6: 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), Psychotherapy Guidelines, Official Disability Guidelines (ODG) Mental.

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

Decision rationale: Per guidelines, 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. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. Per guidelines, the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Documentation fails to provide details regarding previous number of psychotherapy visits or objective functional improvement to justify additional psychological treatment. The request for GROUP Cognitive Behavioral Therapy (CBT) X6 is not medically necessary by lack of meeting MTUS or ODG guidelines.

INDIVIDUAL CBT X6: 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), Psychotherapy Guidelines, Official Disability Guidelines (ODG) Mental.

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

Decision rationale: Per guidelines, 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. Initial trial of 3-4 psychotherapy visits over 2 weeks is recommended for patients who show no progress after 4 weeks of physical medicine alone. ODG recommends up to 13-20 visits over 7-20 weeks of individual sessions, if progress is being made as indicated by evidence of objective functional improvement. Per guidelines, the provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. Documentation fails to provide details regarding previous number of psychotherapy visits or objective functional improvement to justify additional psychological treatment. The request for Individual Cognitive Behavioral Therapy (CBT) CBT X6 is not medically necessary by lack of meeting MTUS or ODG guidelines.