

<b>Case Number:</b>	CM15-0103352		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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, New York, 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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 28, 2011. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve requests for hepatic function testing, six sessions of massage therapy, a psychology consultation, and eight sessions of physical therapy. Two sessions of physical therapy were apparently partially approved, however. The claims administrator referenced a progress note and associated RFA form of April 29, 2015 in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported ongoing complaints of low back pain, moderate-to-severe, with ancillary complaints of depression, myalgias and myositis of various body parts, neck pain, and headaches. The applicant was on Zyrtec, Norco, baclofen, Protonix, Colace, Seroquel, and Cymbalta, it was reported on this date. The applicant's BMI was 26. Multiple medications were continued and/or renewed. The applicant had received recent SI injections. The applicant was placed off of work, on total temporary disability. In an April 29, 2015 questionnaire, the applicant acknowledged that he was off of work, on total temporary disability. In an associated progress note of April 29, 2015, the applicant reported moderate-to-severe low back pain with radiation of pain to the bilateral thighs. 10/10 pain without medications versus 6/10 with medications was reported. The attending provider acknowledged that the applicant was still struggling without his medications and was still unable to work, with and without his medications. Multiple medications were nevertheless renewed. The applicant was described as having undergone failed spine surgery. The attending provider suggested that the applicant pursue a psychology consultation as a precursor to pursuit of a spinal cord stimulator. It was acknowledged that the applicant had not worked since the date of injury, November 28, 2011. Additional physical therapy and myofascial release therapy were endorsed while the applicant was kept off of work on total temporary disability. The applicant was also apparently asked to

obtain renal function testing. The applicant was using Advil, baclofen, Cymbalta, Norco, Protonix, and Restoril, it was reported toward the bottom of the report.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Liver panel:** 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 NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** Yes, the request for a liver panel was medically necessary, medically appropriate, and indicated here. As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, routine suggested laboratory monitoring in applicants using NSAIDs includes periodic assessment of an applicant's CBC and chemistry profile to include the liver function testing at issue. Here, the applicant was using Advil (Motrin), an NSAID medication. Periodic assessment of the applicant's liver function was, thus, indicated to ensure that the same was compatible with currently prescribed medications. Therefore, the request was medically necessary.

**Referral for Massage Therapy, follow up and treatment, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98.

**Decision rationale:** Conversely, the request for six sessions of massage therapy was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a renewal or extension request for massage therapy and, thus, effectively represented treatment in excess of the four- to six-session limit suggested for massage therapy for most cases, per page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed sparingly during the chronic pain phase of a claim. Here, however, the attending provider seemingly suggested he was intent on the applicant's receiving both myofascial release therapy and massage therapy some three and half years removed from the date of injury. The request, thus, was at odds with both pages 60 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Referral to Clinical Psychology for SCS (spinal cord stimulator) clearance/ consult:**  
Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Spinal cord stimulators (SCS); Psychological evaluations.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators) Page(s): 101.

**Decision rationale:** Conversely, the request for a clinical psychology clearance and consultation prior to pursuit of a spinal cord stimulator was medically necessary, medically appropriate, and indicated here. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological evaluations are recommended pre-spinal cord stimulator implantation trial. Here, the requesting provider did suggest that the applicant could potentially be a candidate for a spinal cord stimulator trial, given the applicant's ongoing issues with chronic low back pain status post earlier failed spine surgery. Moving forward with a precursor psychological evaluation was, thus, indicated. Therefore, the request was medically necessary.

**Referral to Physical Therapy, follow up and treatment, 8 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Functional Restoration Approach to Chronic Pain Management Page(s): 99; 8.

**Decision rationale:** Conversely, the request for eight sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 8-10 sessions of treatment for radiculitis, i. e., the diagnosis reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 29, 2015. The applicant remained dependent on a variety of analgesic and adjuvant medications, including opioid agents such as Norco and non-opioid agents such as Restoril, baclofen, Cymbalta, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request was not medically necessary.