

Case Number:	CM15-0016324		
Date Assigned:	02/05/2015	Date of Injury:	03/08/2012
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	01/28/2015

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: California
 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 injured worker is a 44 year old female who sustained an industrial injury on 03/08/2012. Diagnoses include degeneration of lumbar or lumbosacral intervertebral disc, degenerating of lumbar intervertebral disc, scoliosis and kyphoscoliosis, and lumbago, status-post fusion of T5 through L1, with questionable loosening of the rods at the L1 level. Treatment to date has included medications, injections, and radiofrequenting lesioning. A physician progress note dated 12/29/2014 documents the injured worker complains of low back pain. A physician progress note dated 11/17/2014 documents the injured worker has continued pain in her lower back and into both legs. Pain is constant and at least 3 out of ten in intensity. It is 8-9 out of 10 with activity or after any prolonged sitting or standing. Pain is in her low back and radiates from this area into both buttocks and into the back of both thighs. She has numbness and tingling in these areas intermittently throughout the day. Treatment requested is for lumbar spine discogram, Psychotherapy-12 sessions, and spine consultation. On 01/26/2015 Utilization Review non-certified the request for lumbar spine discogram, and cited was Official Disability Guidelines. On 01/26/2015 Utilization Review non-certified the request for Psychotherapy-12 sessions, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines, and Official Disability Guidelines. On 01/26/2015 Utilization Review non-certified the request for a spine consultation, and cited was California Medical Treatment Utilization Schedule (MTUS)-ACOEM.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychotherapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Behavioral interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page 23. Psychological treatment Pages 101-102. 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 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 ODG guidelines. Twelve sessions of psychotherapy were requested. Official Disability Guidelines (ODG) limits an initial trial of cognitive behavioral therapy (CBT) to 6 visits over 6 weeks. The request for 12 psychotherapy visits exceeds ODG and MTUS guidelines, and is not supported. Therefore, the request for psychotherapy 12 sessions is not medically necessary.

Lumbar spine discogram: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic), Discography.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) Discography.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses diskography. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints Table 12-8 Summary of Recommendations for Evaluating and Managing Low Back Complaints (Page 309) diskography is not recommended. Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) indicates that discography is not recommended. Discography is not recommended in ODG. The medical records document low back complaints. ACOEM 2nd Edition indicates that diskography is not recommended. Official Disability Guidelines (ODG) indicates that discography is not

recommended. The request for lumbar spine discogram is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for lumbar spine discogram is not medically necessary.

Spine consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7 Independent Medical Examiner Page 127.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. The medical records document low back complaints and conditions. MRI of the lumbar spine dated 1/9/14 documented a posterior annular tear at L2-L3. There was a left neural foraminal annular tear at L4-L5. The annular tear at L4-L5 was superimposed onto a broad-based left lateral and neural foraminal disc bulge. Medical records document spinal pathology that would benefit from the expertise of a spine surgeon. The request for spine specialist referral and consultation is supported by MTUS and ACOEM guidelines. Therefore, the request for spine consultation is medically necessary.