

Case Number:	CM15-0145112		
Date Assigned:	08/06/2015	Date of Injury:	02/03/2015
Decision Date:	09/29/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/27/2015

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: Pediatrics, 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 46 year old female who sustained an industrial injury on 2-3-15. The injured worker was diagnosed as having disc disorders thoracic region and hip pain. Currently, the injured worker reported lower back pain. Previous treatments included topical analgesics, chiropractic treatments, ice, rest, physical therapy, transcutaneous electrical nerve stimulation unit and topical patches. Previous diagnostic studies included radiographic studies and magnetic resonance imaging. Work status was noted as working light duty. The injured workers pain level was noted as 8 out of 10. Physical examination was notable for tenderness to L4 and S1, no sciatic notch tenderness to palpation, straight leg raise negative bilaterally, range of motion decreased with flexion. The plan of care was for Capsaicin 0.025% four times a day knee pain from back #120 units quantity of 1, Cognitive behavioral therapy training quantity of 12, Psychological trial testing quantity of 1 and Psychotherapy quantity of 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capsaicin 0.025% four times a day knee pain from back #120 units, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request is for Capsaicin 0.025% four times a day knee pain from back #120 units quantity of 1. Currently, the injured worker reported lower back pain. CA MTUS recommendations state that topical analgesics are largely experimental and primarily recommended for neuropathic pain after trials of antidepressants and anti-convulsants have failed. CA MTUS further states "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." Provider documentation does not show failed trials of antidepressants and anti-convulsants. As such, the request for Capsaicin 0.025% four times a day knee pain from back #120 units quantity of 1 is not medically necessary.

Cognitive behavioral therapy training, QTY: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Psychotherapy for MDD (major depressive disorder); Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress Chapter, Psychotherapy for MDD (major depressive disorder); Cognitive Behavioral Therapy (CBT).

Decision rationale: The request is for Cognitive behavioral therapy training quantity of 12 which the UR modified to cognitive behavioral therapy training quantity of 6. Currently, the injured worker reported lower back pain. CA MTUS Guidelines utilize Official Disability Guide Cognitive Behavioral Therapy Guidelines for Chronic Pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. The request for 12 sessions exceeds guideline recommendations. As such, the request for Cognitive behavioral therapy training quantity of 12 is not medically necessary.

Psychological trial testing, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Psychotherapy for MDD (major depressive disorder); Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations, Psychological treatment Page(s): 100-101, 101-102.

Decision rationale: The request is for Psychological trial testing quantity of 1. Currently, the injured worker reported lower back pain. CA MTUS recommendations state that Psychological evaluations are accepted and established diagnostic procedures stating that "Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated." With pain management, CA MTUS further recommends a stepped-care approach involving psychological intervention. "Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." The available clinical information does not validate the need for Psychological trial testing. As such, the request for Psychological trial testing quantity of 1 is not medically necessary.

Psychotherapy, QTY: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress Chapter, Psychotherapy for MDD (major depressive disorder); Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The request is for Psychotherapy quantity of 4. Currently, the injured worker reported lower back pain. CA MTUS recommends a stepped-care approach involving psychological intervention. "Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach." The available clinical information does not validate the need for Psychotherapy. As such, the request for Psychotherapy quantity of 4 is not medically necessary.