MAXIMUS Federal Services

Case Number:	CM15-0149695		
Date Assigned:	08/18/2015	Date of Injury:	01/18/2012
Decision Date:	09/16/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/03/2015

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, Indiana, 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 injured worker is a 45 year old male, who sustained an industrial injury on 1-18-12. Initial complaint was of back pain. The injured worker was diagnosed as having chronic pain; low back pain; lumbar annular bulge. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 7-7-15 indicated the injured worker complains of low back pain and bilateral leg pain. He presents to this office for follow-up and medications refill. He continues to complain of low back pain with intermittent leg pain. He reports on this date complaining of pain in the anterior shin. In the past, the provider notes, he complained of posterior lateral thigh pain. He reports his pain has increased because he was raking yesterday and rates his pain as 10 out 10 but does not appear in stress and does not need hospitalized due to clinical findings. The injured worker reports he has been wearing his brace that helps "a little bit". An EMG of the lower extremities is documented by this provider as unremarkable (no date). The provider also reports an MRI shows some bulging but cannot explain this chronic pain. The provider lists his current medications as Lisinopril, simvastatin, pantoprazole, trazodone, venlafaxine; oxycodone, baclofen and gabapentin. The provider's treatment plan includes recommendations for a pain psychologist for biofeedback, cognitive behavioral therapy and pain evaluation. He would also like to get a surgical consult, rheumatology evaluation for possible fibromyalgia. He is refilling his Oxycodone at this time and on next visit discusses weaning. The provider is requesting authorization of Referral to spine surgeon for surgical consult; Referral to rheumatologist for possible fibromyalgia and Pain psychologist for biofeedback and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to spine surgeon for surgical consult: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Ch 7, page 112, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, referral spine surgeon for surgical consult is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis of chronic pain; low back pain; and lumbar annular bulge. Date of injury is January 18, 2012. Request for authorization is July 20, 2015. According to a July 7, 2015 progress note, the injured worker's subjective complaints are low back pain that radiates to the lower extremities. Pain is 10 out of 10. The injured worker wears a low back brace. The injured worker had an EMG of the lower extremities that was normal. An MRI of the lumbar spine showed a bulging disk. There were no significant abnormalities. Physical examination is entirely unremarkable. The documentation from the two prior progress notes state orthopedic examination is unchanged. There is no clinical indication or rationale for a spine surgeon. There are no red flags in the medical record. There are no neurologic abnormalities. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, referral spine surgeon for surgical consult is not medically necessary.

Referral to rheumatologist for possible fibromyalgia: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92. Decision based on Non-MTUS Citation ACOEM 2004 OMPG, Independent Medical Examinations and Consultations, Ch 7, page 112, 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Page 127.

Decision rationale: Pursuant to the ACOEM, referral rheumatologist for possible fibromyalgia is not medically necessary. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medications such as opiates for certain antibiotics require close monitoring. In this case, the injured worker's working diagnosis of chronic pain; low back pain; and lumbar annular bulge. Date of injury is January 18, 2012. Request for authorization is July 20, 2015. According to a July 7, 2015 progress note, the injured worker's subjective complaints are low back pain that radiates to the lower extremities. Pain is 10 out of 10. The injured worker wears a low back brace. The injured worker had an EMG of the lower extremities that was normal. An MRI of the lumbar spine showed a bulging disk. There were no significant abnormalities. Physical examination is entirely unremarkable. The documentation from the two prior progress notes state orthopedic examination is unchanged. There is no clinical indication or rationale for a spine surgeon. There are no red flags in the medical record. There are no neurologic abnormalities. Based on clinical information in the medical record and the peer reviewed evidence-based guidelines, referral rheumatologist for possible fibromyalgia is not medically necessary.

Pain psychologist for biofeedback and cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Psychology evaluation.

Decision rationale: Pursuant to the Official Disability Guidelines, pain psychologist for biofeedback and cognitive behavioral therapy is not recommended. Psychology evaluations are recommended based upon a clinical impression of psychological condition that impacts recovery, participation in rehabilitation or prior to specify interventions. Biofeedback is not recommended as a stand-alone treatment, but recommended as an option in a cognitive behavioral therapy program to facilitate exercise therapy and return to activity. Biofeedback may be approved if it facilitates entry into a CBT treatment program. The guideline whilst feedback therapy guidelines include screen patients with risk factors for delayed recovery as well as motivation to comply with a treatment regimen that requires self-discipline; initial therapy for at risk patients should be physical therapy, exercise instruction using a cognitive motivational approach to physical therapy; consider biofeedback referral in conjunction with CBT after four weeks with an initial trial of three-four psychotherapy visits over two weeks; and with evidence of objective functional improvement total of up to 6-10 visits over five-six weeks may be appropriate. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational

approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, up to 6-10 visits over 5-6 weeks (individual sessions). In this case, the injured worker's working diagnosis of chronic pain; low back pain; and lumbar annular bulge. Date of injury is January 18, 2012. Request for authorization is July 20, 2015. According to a July 7, 2015 progress note, the injured worker's subjective complaints are low back pain that radiates to the lower extremities. Pain is 10 out of 10. The injured worker wears a low back brace. The injured worker had an EMG of the lower extremities that was normal. An MRI of the lumbar spine showed a bulging disk. There were no significant abnormalities. Physical examination is entirely unremarkable. The documentation from the two prior progress notes state orthopedic examination is unchanged. There is no clinical indication or rationale for a spine surgeon. There are no red flags in the medical record. There are no neurologic abnormalities. Utilization review provider requested clarification for the psychology evaluation and cognitive behavioral therapy (CBT) request. The documentation did not specify the total number of CBT sessions requested. There was no response from the treating provider. Utilization review provider modified the request to a psychology evaluation without biofeedback or CBT. Based on clinical information in the medical record and peer-reviewed evidence-based guidelines, pain psychologist for biofeedback and cognitive behavioral therapy is not recommended.