

Case Number:	CM15-0163834		
Date Assigned:	09/10/2015	Date of Injury:	03/14/2003
Decision Date:	10/27/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/20/2015

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: Arizona, Michigan

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 injured worker is a 51 year old male, who sustained an industrial injury on 3-14-03. The injured worker was diagnosed as having post lumbar laminectomy syndrome, chronic left abdominal wall infection, status post hardware removal and depressive disorder. The physical exam dated 3-31-15 revealed decreased lumbar flexion by 30%, extension by 20% and lateral bending by 50% bilaterally. The injured worker had chronic drainage from his abdominal scar from his anterior approach and ambulates with a cane. Treatment to date has included lumbar surgery, a wound vac, Wellbutrin, Cymbalta, Norco and Ambien. As of the supplemental report dated 6-29-15, the injured worker reports improvement in sleep, pain and mood following his second series of PENS treatments. The treating physician noted that the injured worker would benefit from cognitive behavioral therapy due to anxiety that is affecting his ability to complete activities of daily living. The treating physician also noted that the injured worker had gained a "significant amount of weight" due to his low back pain. The treating physician requested cognitive behavioral therapy x 8 sessions, a gym membership x 1 year, internal medicine referral and a FBS and A1C. On 7-16-15 the treating physician requested a Utilization Review for cognitive behavioral therapy x 8 sessions, a gym membership x 1 year, internal medicine referral, a FBS and A1C and PENS x 8 additional. The Utilization Review dated 7-21-15, non-certified the request for cognitive behavioral therapy x 8 sessions, a gym membership x 1 year, internal medicine referral and a FBS and A1C and certified the request for PENS x 8 additional.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT x 8 Sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress / Cognitive behavioral therapy.

Decision rationale: Per The MTUS, CBT is "recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). 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." "ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (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). In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made." This injured worker has chronic pain, is status post instrumentation with complications and co-morbidities, psychological evaluation and treatment is appropriate in this case, therefore the request for CBT x 8 Sessions is medically necessary.

Gym Membership x 1 Year: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back / gym membership.

Decision rationale: The MTUS did not specifically address the issue of gym membership therefore other guidelines were consulted. Per the ODG, gym memberships are "not recommended as a medical prescription unless a home exercise program has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision". A review of the injured workers medical records does not reveal extenuating circumstances that would warrant deviating from the guidelines. Therefore the request for Gym Membership x 1 Year is not medically necessary.

Internal Medicine Referral: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

Decision rationale: Per The MTUS, referrals “may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery or has difficulty obtaining information or agreement to a treatment plan”. This injured worker has chronic pain, is status post instrumentation with complications and co-morbidities, which include obesity and a non healing post operative wound that is resistant to treatment, evaluation by an internal medicine physician is appropriate in this case, therefore the request for Internal Medicine Referral is medically necessary.

Blood Work: FBS and A1C: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes / fasting plasma glucose test (FPG).

Decision rationale: The MTUS did not address the use of FBS, therefore other guidelines were consulted. Per the ODG, recommended for diagnosis of types 1 and 2 diabetes in children and non-pregnant adults. (Zhou, 2009) Also called the fasting blood glucose test, this method of diagnosis is preferred because it is easy to administer, well-tolerated, inexpensive, reproducible and patient friendly. Fasting plasma glucose performance as a diagnostic test can be affected by many factors that are clearly stated as risk factors for diabetes mellitus. This injured worker has chronic pain, is status post instrumentation with complications and co-morbidities, which include obesity and a non healing post operative wound that is resistant to treatment, screening him for diabetes is appropriate, therefore the request for Blood Work: FBS and A1C is medically necessary.