

Case Number:	CM15-0192011		
Date Assigned:	10/06/2015	Date of Injury:	02/18/2014
Decision Date:	11/18/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/29/2015

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 62-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 18, 2014. In Utilization Review reports dated September 15, 2015, the claims administrator failed to approve requests for a second opinion pain psychology consultation and x-rays of the lumbar spine. The applicant's attorney subsequently appealed. On October 9, 2015, the applicant reported poorly-controlled low back pain, 8/10. The applicant's activity levels had diminished. The applicant's ability to sleep was likewise appropriate. The applicant was using a walker to move about. The applicant's medications included MiraLax, intrathecal morphine, Colace, oral Dilaudid, baclofen, Remeron, Duragesic, Lipitor, Coreg, and Zestril, it was reported. The applicant was apparently asked to pursue a pump replacement procedure on the grounds that the claimant's current intrathecal pump was not working. The applicant had apparently undergone an earlier failed lumbar spine surgery, it was suggested. Duragesic was continued, the applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On September 11, 2015, the applicant reported ongoing issues with chronic low back pain, poorly controlled. The applicant again expressed an interest in having his intrathecal pain pump replaced. Duragesic was endorsed at a heightened dose. The applicant was asked to undergo a pump replacement procedure. The note was very difficult to follow, did mangle historical issues with issues, did not seemingly make explicit mention of the need for either the pain psychology consultation or the lumbar spine x-rays. On July 22, 2015, multiple medications were renewed

and/or continued. The applicant was again asked to consider a replacement intrathecal pain pump. Once again, there was no mention made of the need for either the pain psychology consultation or the x-rays in question. On July 15, 2015, the applicant was asked to pursue acupuncture. It was acknowledged that the applicant was off of work as of this point in time. The applicant was apparently on Nucynta, it was reported. The applicant was apparently not a candidate for spine surgery, owing to a lack of significant findings on MRI imaging, the consulting physician reported. X-rays of the lumbar spine were performed in the clinic and were notable for the absence of any instability, moderate L4-L5 degenerative disk disease, and spondylolysis without any pars defects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second opinion pain psychology consult related to lumbar spine injury: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators).

Decision rationale: No, the request for a second opinion pain psychology consultation was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 388 does acknowledge that referral to a mental health professional is indicated in applicants whose mental health symptoms become disabling despite primary care interventions and/or persist beyond 3 months and while page 101 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend psychological evaluations prior to implantation of an intrathecal drug delivery system, as was seemingly being contemplated here at various points in time, however, multiple progress notes, referenced above, including those dated July 22, 2015, September 11, 2015, and October 9, 2015 made no explicit mention of the need for the pain psychology consultation. It was not clearly stated whether the pain psychology consultation was intended as a precursor to pursuit of psychologic counseling or for clearance purposes, prior to pursuit of an intrathecal pain pump revision procedure. The information on file, including multiple progress notes situated in close temporal proximity to the Utilization Review report, did not make explicit mention of the need for the pain psychology consultation in question. Therefore, the request was not medically necessary.

X-ray of the lumbar spine due to increase low back pain: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: Similarly, the request for lumbar spine x-rays was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309, the routine usage of radiographs of the lumbar spine in the absence of red-flag signs of symptoms, is deemed "not recommended." Here, as with the preceding request, multiple progress notes situated in close temporal proximity to the Utilization Review report, including those dated October 9, 2015, September 11, 2015, July 22, 2015, and July 15, 2015 made no mention of the need for lumbar spine x-rays. It was not clearly stated or clearly established for what issue, diagnosis, and/or purpose the lumbar spine x-rays were being employed to evaluate. It was not clearly stated why lumbar spine x-rays were performed so soon after the applicant had received plain film x-rays of the lumbar spine on July 15, 2015, which were seemingly negative for instability, it was incidentally noted. Therefore, the request was not medically necessary.