

Case Number:	CM15-0028601		
Date Assigned:	02/20/2015	Date of Injury:	06/08/2001
Decision Date:	03/31/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/17/2015

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: Physical Medicine & Rehabilitation

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 37 year old male who sustained a work related lifting injury to his lower back on June 8, 2001. The injured worker underwent a lumbar laminectomy (date of surgery not documented). The injured worker was diagnosed with lumbar spine radiculopathy, failed back syndrome, myofascial pain and depression. According to the primary treating physician's progress report on February 2, 2015 a recent magnetic resonance imaging (MRI) (no date documented) demonstrated a L3-L4 7mm disc extrusion with worsening lateral stenosis and some nerve impingement. The patient continues to experience chronic low back pain and right knee pain. Evaluation of the lumbar spine demonstrated straight leg raise positive at 30 degrees bilaterally, anterior flexion at 60 degrees, extension at 20 degrees and palpable twitch positive trigger points in the paraspinous muscle. Current medications are listed as Ibuprofen, Celebrex and Paxil. Treatment modalities consist of transforaminal epidural steroid injection (ESI) to L4-L5 and L3-L4 on November 20, 2014, pain psychologist and medication. The treating physician requested authorization for 12 Cognitive Behavioral Therapy (CBT) sessions and Celebrex 100 mg #60 with 1 refill. On February 11, 2014 the Utilization Review modified the certification for 12 Cognitive Behavioral Therapy (CBT) sessions to 6 Cognitive Behavioral Therapy (CBT) sessions and Celebrex 100 mg #60 with 1 refill to Celebrex 100 mg #60 with 0 refills. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, American College of Occupational and Environmental Medicine (ACOEM) Guidelines and alternative evidenced based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 cognitive bio behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-1, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (Mental Illness and stress)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions, page 23.

Decision rationale: Submitted reports have not described what psychological complaints, clinical findings, or diagnoses to support for unspecified cognitive behavioral therapy for diagnoses involving lumbar disorders. There are no supporting documents noting what psychotherapy are needed or identified what specific goals are to be attained from the psychological treatment beyond the current medical treatment received to meet guidelines criteria. MTUS guidelines support treatment with functional improvement; however, this has not been demonstrated here whereby independent coping skills are developed to better manage episodic chronic issues, resulting in decrease dependency and healthcare utilization. Current reports have no symptom complaints, clinical findings or diagnostic procedures to support for the CBT treatment. Additionally, if specific flare-up has been demonstrated, the guidelines allow for initial trial of 3-4 sessions with up to 6-10 visits over 5-6 weeks; however, does not recommend higher number of sessions of CBT treatment beyond guidelines criteria. The 12 cognitive bio behavioral therapy sessions is not medically necessary and appropriate.

Celebrex 100 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. It is also unclear why the patient is being prescribed 2 concurrent anti-inflammatories, posing an increase risk profile without demonstrated extenuating circumstances and indication. The Celebrex 100 mg #60 with 1 refill is not medically necessary and appropriate.

