MAXIMUS Federal Services

Case Number:	CM15-0032726		
Date Assigned:	02/26/2015	Date of Injury:	08/16/2008
Decision Date:	04/17/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/20/2015

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: 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 47-year-old [redacted] employee who has filed a claim for chronic low back pain, myofascial pain syndrome, major depressive disorder (MDD), generalized anxiety disorder (GAD), and adjustment disorder reportedly associated with an industrial injury of August 16, 2008. In a Utilization Review Report dated February 6, 2015, the claims administrator denied requests for transportation to acupuncture appointments, denied requests for "visits and neuropsych consultations," denied a Thera-Band device, and denied Celebrex. The claims administrator did issue some partial approvals, including a partial approval of a neuropsychological consultation and transportation to the same. A December 1, 2014 progress note and associated RFA form were referenced in the determination. The claims administrator's decisions, in large part, were based on non-MTUS ODG guidelines. The applicant's attorney subsequently appealed. In a progress note dated January 1, 2015, the attending provider stated that he was pending authorization for extension of acupuncture, associated transportation, and a Thera-Band device. The applicant reported ongoing neck and low back pain with associated radiation of pain to the left upper extremity and left lower extremity. The applicant exhibited a visibly antalgic gait. The applicant was on Cymbalta, Celebrex, Zanaflex, Abilify, and Zestril, it was acknowledged. The attending provider reiterated a request for pain management counseling. The applicant was kept off of work while additional acupuncture, a Thera-Band, transportation, and a neuropsychological consultation were proposed. The attending provider acknowledged that the applicant had had 24 previous treatments via a functional restoration program. Cymbalta, Zanaflex, and Celebrex were all

renewed. In an earlier note dated December 1, 2014, the applicant reported ongoing issues with chronic low back pain. The applicant was on Cymbalta, Celebrex, Zanaflex, Abilify, and Zestril. The attending provider stated that the applicant could not afford to travel to his acupuncture of his own accord and therefore requested transportation to and from appointments owing to financial constraints. Further acupuncture, a green Thera-Band, Celebrex, transportation to and from office visits, and a neuropsychological evaluation were proposed while the applicant was kept off of work. Permanent work restrictions were renewed, effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transportation to acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83. Decision based on Non-MTUS Citation ODG Integrated Treatment/Disability Duration Guidelines Knee Transportation (to & from appointments). Transportation (to & from appointments).

Decision rationale: No, the request for transportation to acupuncture was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes making and keeping appointments. The request for transportation to and from appointments, thus, per ACOEM, is an article of applicant responsibility as opposed to an article of payer responsibility. It is further noted that ODGs Knee and Leg Chapter Transportation topic recommends transportation to and from appointments in applicants who have disabilities, which prevent them from self-transport. Here, however, the attending provider has acknowledged that the applicant does not have any disabilities or impairments, which prevent him from self-transport but, rather, has acknowledged that the request for transportation stems from the applicant's lack of transportation and/or financial constraints. Therefore, the request was not medically necessary.

Visits and neuropsych consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC knee and leg procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

Decision rationale: The request for an unspecified numbers of psychological visits and a neuropsychological consultation were likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 15, page 405, the

frequency of psychological or psychiatric appointments should be based on the severity of an applicant's mental health symptoms. Here, the request in question represents a request for open-ended psychological counseling visits, with no provision to alter the frequency or overall duration of visits based on the severity of the applicant's mental health symptoms. Therefore, the request was not medically necessary.

Green theraband times 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG-TWC procedure summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 83, Chronic Pain Treatment Guidelines Physical Medicine; Exercise Page(s): 98; 46.

Decision rationale: The request for a green Thera-Band device was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants are expected to continue active therapies at home as an extension of the treatment process. Page 46 of the MTUS Chronic Pain Medical Treatment Guidelines likewise does not endorse any one form of exercise over another. Finally, the MTUS Guideline in ACOEM Chapter 5, page 83 notes that, to achieve functional recovery, that applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The Thera-Band device at issue seemingly represents a device intended to perform home exercises. However, both page 98 of the MTUS Chronic Pain Medical Treatment Guidelines and page 83 of the ACOEM Practice Guidelines espouse the position that performing home exercises is an article of applicant responsibility as opposed to an article of payer responsibility. The attending provider's documentation, furthermore, did not clearly outline why the applicant was unable or incapable of performing self-directed home-based physical medicine without the specialized equipment at issue here. Therefore, the request was not medically necessary.

Celebrex 100 mg #30 time 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Finally, the request for Celebrex, a COX-2 inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that COX-2 inhibitors such as Celebrex are recommended in applicants who have a history of GI complications, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the

applicant was off of work as of the date of the request. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The applicant's pain complaints, furthermore, were seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing Celebrex usage. The attending provider failed to outline any meaningful improvements in function effected as a result of ongoing Celebrex usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Celebrex. Therefore, the request was not medically necessary.