

Case Number:	CM15-0059435		
Date Assigned:	04/06/2015	Date of Injury:	05/26/2010
Decision Date:	05/12/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	03/30/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old man sustained an industrial injury on 5/26/2010. The mechanism of injury is not detailed. Diagnoses include failed back surgery syndrome, grade II anterolisthesis, lumbar spondylolisthesis, right side lumbar radiculopathy, severe depression, chronic myofascial pain syndrome, and left side sacroiliac joint dysfunction. Treatment has included oral medications. The IW was diagnosed with major depression, anxiety disorder, dysthymic disorder with suicidal ideation by mental health providers. Physician notes dated 3/6/2015 show complaints of severe constant low back pain radiating to the mid back and left buttock rated 7-8/10. Recommendations include sacroiliac joint and epidural injection, Morphine ER, Neurontin, Prilosec, Flexeril, Relafen; continue range of motion, stretching, strengthening, and spine stabilization exercises, increase Wellbutrin SR, psychiatrist consultation, and cognitive behavior psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Cognitive behavioral therapy sessions: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that cognitive behavioral therapy can be utilized for the treatment of severe mental health disorder associated with chronic pain syndrome. The ODG guidelines recommend an initial 6 visits over a 3-6 weeks period followed by 13 to 20 visits with documentation of improvement of symptoms. The records indicate that the patient had significant psychiatric disorders that failed to resolve with medications management. The guidelines noted that the presence of poorly controlled mental health disorders is associated with decreased efficacy of intervention pain procedures and increased risk of adverse effects with utilization of opioids and sedatives. The criteria for a total of 24 Cognitive Behavioral Therapy sessions was met. This request is medically necessary.

1 Left SI joint injection with left S1 transforaminal epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Hips and Pelvis.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of musculoskeletal pain when conservative treatments with medications and PT have failed. The guidelines noted that SI joints injections can be beneficial for the treatment of pain associated with SI joint dysfunction when there is documentation of a minimum of 3 out of 5 positive provocative tests. The records did not show objective findings consistent with the guidelines criteria. The presence of severe mental health disorder is associated with decreased efficacy or functional restoration following interventional pain procedures. The criteria for left SI joint injection was not met. Therefore, this request is not medically necessary.