

Case Number:	CM15-0065333		
Date Assigned:	04/13/2015	Date of Injury:	04/17/2001
Decision Date:	07/10/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/06/2015

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 [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 17, 2001. In a Utilization Review report dated March 20, 2015, the claims administrator failed to approve requests for a sleep study, 12 sessions of physical therapy, psychology referral, and referral for non-pharmacological treatment. The claims administrator contended that the request for ?non-pharmacological treatment? was nonspecific and ambiguous. The applicant’s attorney subsequently appealed. On March 12, 2015, the applicant reported multifocal complaints of mid back, low back, bilateral knee, and left foot pain reportedly attributed to cumulative trauma at work. The applicant apparently transferred care to and from multiple providers, it was reported. The applicant was avoiding socializing, exercising, performing household chores, and/or shopping secondary to her pain complaints, it was acknowledged. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. The applicant was an asthmatic, it was incidentally noted. Activities of daily living as basic as sitting, standing, and walking remained problematic, it was acknowledged. The applicant was not working, it was acknowledged, and had been deemed “permanently disabled,” it was reported. The applicant was on Duragesic, Norco, and Voltaren gel, it was further noted. The applicant reported issues with sleep disturbance, it was stated in the psychiatric review of systems section of the note. The applicant appeared to be in visible pain, it was suggested. A sleep study, epidural steroid injection, spinal cord stimulator, Soma, Duragesic, naproxen, and Voltaren gel were endorsed, along with 12 sessions of physical therapy, TENS unit supplies, permanent work restrictions, and a

consultation with a provider who was apparently intent on performing non-pharmacological treatment to include “osteopathic manipulative therapy.” It was acknowledged that the applicant had received earlier manipulative treatment over the course of the claim. Soma, Duragesic, Norco, naproxen, and Voltaren were endorsed toward the bottom of the report. The note was very difficult to follow and mingled historical issues with current issues. On March 12, 2015, the applicant again reported ongoing complaints of low back, mid back, and bilateral knee pain. The attending provider again stated that the applicant had been deemed permanently disabled in several sections of the note. The attending provider stated that the applicant was experiencing mild symptoms of depression in yet another section of the note. The attending provider stated that the applicant was waking up three to four times a night secondary to pain. The attending provider again sought authorization for 12 sessions of physical therapy and associated TENS unit supplies. The attending provider stated that the applicant had issues with insomnia which were a function of her orthopedic conditions, it was stated in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study: 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 Citation: Schutte-Rodin S; Broch L; Buysse D; Dorsey C; Sateia M. Clinical guideline for the evaluation and management of chronic insomnia in adults. J Clin Sleep Med 2008;4(5):487-504. Polysomnography and daytime multiple sleep latency testing (MSLT) are not indicated in the routine evaluation of chronic insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. (Standard).

Decision rationale: No, the request for a sleep study was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the American Academy of Sleep Medicine (AASM) notes that polysomnography (AKA sleep study) is not indicated in the routine evaluation of insomnia, including insomnia due to psychiatric or neuropsychiatric disorders. Here, the applicant was described as having depressive symptoms evident on the March 12, 2015 progress note on which the sleep study in question was endorsed. A sleep study would have been of no benefit in establishing the presence or absence of chronic pain-induced insomnia or depression-induced insomnia, both of which appeared to have been present here. Therefore, the request was not medically necessary.

Physical therapy for lumbar spine (2x6) 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

Decision rationale: Similarly, the request for 12 sessions of physical therapy for the lumbar spine was likewise not medically necessary, medically appropriate, or indicated here. The 12 sessions of physical therapy at issue represents treatment in excess of the 8- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for radiculitis, the diagnosis reportedly present here. This recommendation is, furthermore, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the applicant was off of work, it was acknowledged on March 12, 2015. The applicant remained dependent on opioid agents such as Duragesic and Norco. Permanent work restrictions were renewed, unchanged, from visit to visit. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.

Referral to Psychologist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back.

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

Decision rationale: The request for a referral to a psychologist was likewise not medically necessary, medically appropriate, or indicated here. The attending provider's March 12, 2015 progress note stated that the request for referral to a psychologist represented a request for cognitive behavioral therapy and pain coping skills training in unspecified amounts. However, the MTUS Guideline in ACOEM Chapter 10, page 405 stipulates that the frequency of [mental health] follow-up visits should be dictated by the severity of an applicant's symptoms. Here, thus, the request for open-ended psychological counseling and/or an open-ended referral to a psychologist, thus, runs counter to the MTUS Guideline in ACOEM Chapter 15, page 405, as it did not contain a proviso to base the frequency of follow-up visits on the severity of the applicant's mental health issues. Therefore, the request was not medically necessary.

Referral for Non-Pharmacologic treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Finally, the request for a referral for non-pharmacological treatment (AKA referral to an osteopath for osteopathic manipulative therapy) was not medically necessary, medically appropriate, or indicated here. The attending provider's progress note of March 12,

2015 framed the request as a request for a referral for osteopathic manipulative therapy. The attending provider did seemingly suggest that the applicant had had earlier unspecified amounts of manipulative therapy through that point in time. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, here, however, the applicant was off of work, it was suggested on progress notes of March 12, 2015 and March 25, 2015. Continued manipulative therapy (AKA non-pharmacological treatment), thus, was not indicated in the face of the applicant's failure to return to work. Therefore, the request was not medically necessary.

Caudal Epidural with Catheter: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: Finally, the request for a caudal epidural steroid injection with associated catheter placement was not medically necessary, medically appropriate, or indicated here. The request in question was framed as a request for a repeat epidural steroid injection. However, page 46 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that pursuit of repeat epidural steroid injections should be predicated on evidence of lasting analgesia and functional improvement with earlier blocks. Here, however, the applicant was off of work and had been deemed permanently disabled, it was reported on March 12, 2015. The applicant remained dependent on various other forms of medical treatment, including opioid agents such as Duragesic and Norco, as well as a spinal cord stimulator. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of at least one prior epidural steroid injection on December 12, 2013. Therefore, the request for a repeat epidural steroid injection was not medically necessary.