

Case Number:	CM14-0123659		
Date Assigned:	08/08/2014	Date of Injury:	10/16/2012
Decision Date:	10/31/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in pain medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 December 2, 2013 note indicates that the injured worker has pain in the left ankle with weakness. A December 14, 2013 note indicates the injured worker has pain in the back. An Epidural steroid injection (ESI) gave 80% relief for greater than 6 months. An MRI was reported to show disc protrusion at L4-5 and L5-S1. An exam reported positive straight-leg-raise (SLR) on right. On November 21, 13 a lumbar ESI was preformed. A February 15, 2014 orthopedic evaluation noted ongoing group psychotherapy with cognitive behavioral therapy and relaxation techniques. The March 19, 2014 note indicates psychological therapy for physical pain and anxiety. There was reported lack of sleep and concentration. There was depression noted. A May 16, 2014 pain note indicates persistent pain. ESIs have been performed and reported to help for a period of time. The injured worker was doing a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

A certified Spanish Interpreter: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medicare Improvements for patients and providers Act of 2008, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition

Against National Origin Discrimination Affecting Limited English Proficient Persons (hereinafter referred to as OCR guidance) and OMH CLAS standards

Decision rationale: Guidelines from federal Title VI rules support that health care organizations must offer and provide language assistance services at no cost to each patient/consumer with limited English proficiency. As such in application to this case, the Healthcare providers are required to provide provision for persons with Limited English Proficiency. The medical records provided for review note that the injured worker has been receiving care without the benefit of a separate translator. There is no indication of a significant barrier to communication such that a translator would now be medically necessary. There are also no medical records in support of why an interpreter is needed as versus other options such as use of telephone service or other devices to provide for communication with the injured worker. Therefore, the request is not medically necessary.

Neurological Evaluation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines referral Page(s): 92.

Decision rationale: The medical records indicate persistent pain despite therapy to date with report of neurologic deficit of positive straight-leg-raise (SLR) with MRI reporting findings of nerve compromise. Guideline states that referrals may be appropriate if the practitioner is not comfortable with the condition, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. The treating physician is not a neurologist, which supports the referral to a specialist for an evaluation to aid in the diagnosis and treatment of the neurologic complaints, to improve function. Therefore, the request is medically necessary.

Xanax (0.5mg, #42): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of psychological and physical dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant.

Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is no indication of failure of at least 6 months of a sleep hygiene program for the insomnia and no indication of anxiety condition with demonstrated severity affecting function with failure of other standard treatment. Therefore, based on guidelines and the medical records provided, the request is not medically necessary.

Hydrocodone (10mg/325mg, #42): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: The medical records provided for review do not indicate ongoing opioid risk mitigation or demonstrate functional outcome of monitoring for the 4 A's of analgesia in support of medical necessity of opioids. The Official Disability Guidelines support that opioids for pain should only be prescribed with opioid risk mitigation tools being used and appropriate documentation of effectiveness of the therapy. Opioids should not be continued if there is not demonstrated objective functional benefit. The Official Disability Guidelines support that failure to respond to a timelimitedcourse of opioids has led to the suggestion of reassessment and consideration of alternative therapy. As such, the medical records do not support the continued use of hydrocodone. Therefore, the request is not medically necessary.

Orphenadrine (10mg, #42): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines flexeril Page(s): 41.

Decision rationale: The California MTUS Guidelines do not recommend muscle relaxants for chronic use. The medical records provided for review do not indicate objective functional benefit related to muscle relaxant or indicate chronic condition of muscle spasticity related to brain or spinal cord injury in support of chronic muscle relaxant. As such, the medical records do not support the continued use of orphenadrine. Therefore, the request is not medically necessary.

Psyche Follow-Up (#6): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological Therapy.

Decision rationale: The medical records provided for review support a chronic pain condition, which supports ongoing psychological therapy under the Official Disability Guidelines. Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Therefore, the request is medically necessary.

Psych Testing (2 units): 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) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological Therapy

Decision rationale: The medical records provided for review indicate previous psychological evaluation with ongoing psychological treatment and does not support the presence of cognitive disturbance in support of new additional testing. The Official Disability Guidelines support psychological intervention for chronic pain, which includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder) but does not support additional formal psychological testing. As such, additional psychological formal testing is not supported. Therefore, the request is not medically necessary.

Biofeedback (#1): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Biofeedback

Decision rationale: The Official Disability Guidelines states that biofeedback is not recommended as a stand-alone treatment, but is recommended as an option in a cognitive behavioral therapy (CBT) program to facilitate exercise therapy and return to activity. There is fairly good evidence that biofeedback helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of biofeedback for treatment of chronic pain. Biofeedback may be approved if it facilitates entry into a CBT treatment program, where there is strong evidence of success. The medical records provided for review support that the injured worker has chronic pain and is receiving cognitive behavioral (psychological) therapy and as such supports role of biofeedback. Therefore, the request is medically necessary.

Additional Group Therapy (12-sessions): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Psychotherapy Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Psychological Therapy

Decision rationale: The medical records provided for review support a chronic pain condition, which supports ongoing psychological therapy. Under the Official Disability Guidelines, group therapy is a component of psychological therapy and is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. As the injured worker has chronic pain for which return to work is a goal, the medical records support biofeedback as a component of the injured worker's care. Therefore, the request is medically necessary.