

Case Number:	CM14-0126536		
Date Assigned:	09/26/2014	Date of Injury:	01/14/2008
Decision Date:	12/18/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Connecticut. 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 injured worker is a 58-year-old female who reported an injury on 01/14/2008. The mechanism of injury was heavy lifting. Her diagnosis includes status post L5-S1 fusion. Her past treatments include lumbar spine epidural injections, physical therapy, aquatic therapy, home exercises, modified work duties, bracing, and nerve blocks in 2009. The diagnostic studies include a lumbar spine MRI on 03/25/2009, which revealed a non-compressive disc bulge at L2-3 and a disc bulge at L3-4. Additionally, she was also noted to have an L4-5 disc bulge and an L5-S1 left paracentral disc protrusion. An EMG/NCV was completed on 03/25/2009, which revealed evidence of chronic left L5 and chronic left S1 radicular injury. Her surgical history includes a posterior lumbar fusion at L5-S1 on 05/27/2009. On 08/27/2014, she presented with low back pain at the midline down to the sacral cornea, which radiated down into the left leg to the top of her left foot, except for the left great toe. She also reported numbness and tingling in the left foot, and rated her pain 5-6/10 with medication and 8-10/10 without medications. The objective findings revealed decreased range of motion in the lumbar spine and a bilaterally positive straight leg raise. Current medications include Norco, MS Contin, morphine sulfate, and Cymbalta. The treatment plan was noted to include a recommendation for use of a TENS unit, aqua therapy as an adjunctive therapy to her pain medications, and cognitive behavioral therapy. There was also a discussion of weaning her Norco; however, the injured worker refused as she noted to be on the lowest functional dose. A request was received for a TENS unit as well as a consultation with a psychologist for cognitive behavioral therapy for depression and anxiety. The rationale was to assist the injured worker in reducing her opioid usage. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS Units and Supplies (Rental and Purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria use of TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: The request for TENS units and supplies (rental and purchase) is not medically necessary. The California MTUS Guidelines recommend a 1 month home based trial of a TENS unit when used as an adjunct to an evidence based functional restoration program. However, a TENS unit is not recommended as a primary treatment modality. The documentation submitted for review indicated the injured worker would benefit from a TENS unit, as this would assist in reducing her opioid usage. However, there was insufficient documentation of a functional restoration program that would be implemented in conjunction to use of a TENS unit. Additionally, the request indicated rental and purchase of a TENS unit; however, the guidelines recommend a rental to allow for monitoring of treatment efficacy. Therefore, the request is not supported by the evidence based guidelines. As such, the request for TENS units and supplies (rental and purchase) is not medically necessary.

Consultation with a Psychologist (Cognitive Behavioral Therapy for Depression and Anxiety): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations. Decision based on Non-MTUS Citation Official Disability Guidelines- Cognitiver Behavioral Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for consultation with a psychologist (cognitive behavioral therapy for depression and anxiety) is not medically necessary. The California MTUS Guidelines recommend an initial trial of 3 to 4 sessions of psychotherapy over 2 weeks with patients who have risk factors for delayed recovery including fear avoidance beliefs. Additionally, the initial therapy should include physical medicine for exercise instruction. The guidelines also state that with evidence of objective functional improvement, a total of 6 to 10 visits over 5 to 6 weeks would be supported. The documentation submitted for review indicates the injured worker received psychotherapy in 2010, 2011, 2012, and 2013. However, there was insufficient documentation to show how many psychotherapy sessions she received from 2010 through 2013 and evidence of objective functional improvement from psychotherapy treatments. Therefore, in the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request for consultation with a psychologist (cognitive behavioral therapy for depression and anxiety) is not medically necessary.

