

Case Number:	CM14-0023703		
Date Assigned:	06/13/2014	Date of Injury:	02/02/2011
Decision Date:	08/18/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/25/2014

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 Internal Medicine and is licensed to practice in California. 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 patient is a 38 year old male with 2/2/2011 date of injury. The mechanism of injury was twisting and lifting about 75 lbs. According to the IMR, his primary diagnosis is sprain/strain, lumbar region. According to the 10/3/2013 Panel QME (qualified medical evaluator), the patient was MMI (Maximus medical improvement) and considered P&S (permanent & stationary) with a diagnosis of chronic low back pain with moderate facet arthropathy at L5-S1 on MRI. In a 1/3/2014 supplemental QME, based on review of videotapes of the patient recorded in May 2013, June 2013, and October 1, 3, and 5, 2013; which appeared to show the patient working, and showed much better ROM and function than demonstrated during his Panel QME evaluation, the QME decreased his WPI (whole person impairment) to 5%. According to the PTP (primary treating provider) progress report, dated 1/13/2014, the patient complains of moderate low back pain into the bilateral legs, unable to sleep in a bed and sleeps in recliner, anger, frustration, anxiety from chronic pain causing marital distress, threatening of divorce. Objective findings are BP 143/95, ROS (review of systems) otherwise unremarkable, strong limping gait with cane, forward antalgic position, stands with most weight on left leg, severe decreased ROM (range of motion) with pain, severe spinous tenderness T8-S1, decreased sensation, strength right L4, L5, S1 dermatomes. Diagnoses of lumbosacral bilateral SI joint sprain, strain with muscle weakness and imbalance. Treatment plan is request for referral to a different pain management doctor for medications, request referral to cognitive behavioral therapist for chronic pain coping skills assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Physical Medicine and Rehabilitation and to a Cognitive Behavioral therapist for chronic pain in the low back: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1. Decision based on Non-MTUS Citation ACOEM Occupational Medical Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23-24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Cognitive Behavioral Therapy (CBT).

Decision rationale: The CA MTUS and ODG recommend behavioral interventions, the identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The guidelines recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Regarding office visits, the Official Disability Guidelines state, they are recommended if determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. In the case of this patient, according to the 1/1/3/2014 progress report, requests are for referral to CBT (cognitive behavioral therapy) to assess pain coping skills. He has chronic pain complaints, and the medical records do not indicate the patient has undergone any prior CBT. In accordance with the guidelines an initial visit/consultation regarding pain management/CBT, would be medically necessary.