MAXIMUS Federal Services

Case Number:	CM14-0097757		
Date Assigned:	08/08/2014	Date of Injury:	10/16/2012
Decision Date:	10/21/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/17/2014

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 and Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 59-year-old female who reported an injury on 10/16/2012. The mechanism of injury was not submitted for clinical review. The diagnoses included lumbar radiculopathy, sacroiliac joint dysfunction, lumbar facet syndrome, lumbar degeneration, cervical disc degeneration, cervical facet syndrome, and cervicogenic headache. The previous treatments included medication, epidural steroid injections, and psychotherapy. Within the clinical note dated 03/14/2014, it was reported the injured worker complained of neck pain. She rated her pain 7/10 in severity. Upon the physical examination of the cervical spine, the provider noted the injured worker had a positive Spurling's sign which produced pain on the right and left. There was bilateral paraspinal tenderness noted on the examination. Upon the physical exam, the provider also noted the injured worker had a positive straight leg raise on the right with bilateral paraspinal tenderness. The provider requested Xanax, hydrocodone, orphenadrine, psych followup 2 times per month, psych testing 2 hours per unit, and biofeedback. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated on 03/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 #42: 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 Opioids, criteria for use, On-Going Management, Page(s): page(s) 78..

Decision rationale: The request for Hydrocodone 10/325 #42 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to provide an adequate and complete pain assessment within the assessment. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Orphennadrine 100mg #42: 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 , Muscle Relaxants, Page(s): 63, 64..

Decision rationale: The request for Orphennadrine 100mg #42 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as an option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication since at least 12/2013, which exceeds the guidelines recommendation of short term use.

Psych. Follow -Up 2x per month: 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 Behavioral interventions, Page(s): 23..

Decision rationale: The request for Psych. Follow -Up 2x per month is not medically necessary. The California MTUS Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of objective functional improvements, a total of 6 to 10 visits over 5 to 6 weeks would be recommended. The provider failed to document an adequate and complete psychological assessment including quantifiable data in order to demonstrate the significant deficits which would require therapy, as well as establish a baseline in which to assess improvement during therapy. The number of sessions the injured worker has previously undergone was not submitted for clinical review. The efficacy of the injured worker's

prior course of psychotherapy had not been submitted for clinical review. Therefore, the request is not medically necessary.

Psych Testing 2hrs/Units: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's psych followups have not been authorized, the request for psych testing 2 hours/ units is also not medically necessary.

Biofeedback: 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 Biofeedback, Page(s): 24-25..

Decision rationale: The request for Biofeedback is not medically necessary. The California MTUS Guidelines do not recommend biofeedback as a standalone treatment, but recommended as an option in a cognitive behavioral therapy 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 the treatment of chronic pain. Biofeedback may be approved if it facilitates and is true to a cognitive behavioral therapy program, where this is strong evidence of success. There is lack of clinical documentation warranting the medical necessity of the request. The physician failed to document the number of sessions the injured worker is to undergo. Additionally, the guidelines do not recommend the utilization of biofeedback. Therefore, the request is not medically necessary.