

Case Number:	CM14-0183293		
Date Assigned:	11/12/2014	Date of Injury:	10/16/2012
Decision Date:	01/20/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational 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:

Patient is a 59 year-old female with date of injury 10/16/2012. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/25/2014, lists subjective complaints as pain in the neck, mid and lower back. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles bilaterally. Spurling's maneuver produced pain on the right and the left, with the left side being worse but not causing radicular symptoms. Examination of the dorsolumbar spine revealed bilateral paraspinal tenderness. Straight leg raising test was positive on the right. Diagnosis: 1. Lumbar radiculopathy 2. Lumbar disc degeneration 3. Lumbar facet syndrome 4. SI joint dysfunction 5. Cervical disc degeneration 6. Cervical facet syndrome. Patient had a drug screen dated 09/02/2014 which was inconsistent for Hydrocodone. The medical records supplied for review document that the patient was prescribed the following medication on 09/25/2014. Medications: Cyclobenzaprine Cream 2%, 60gms SIG: twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-Up visit with Primary Treating Physician: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The ACOEM guidelines and the Official Disability Guidelines were both reviewed in regards to follow-up visits. Each reference deals primarily with the acute aspects of an injury. In this case, three follow-up visits with the primary treating physician in regard to the patient's industrial injury are reasonable. I am reversing the previous utilization review decision. Follow-up with the primary treating physician is medically necessary.

Physical rehabilitation report (2): 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) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: The Official Disability Guidelines state that a functional capacity evaluation is appropriate if, case management is hampered by complex issues and the timing is appropriate; such as if the patient is close to being at maximum medical improvement or additional clarification concerning the patient's functional capacity is needed. Functional capacity evaluations are not needed if the sole purpose is to determine a worker's effort or compliance, or the worker has returned to work. There is no documentation in the medical record to support a functional capacity evaluation based on the above criteria. Physical rehabilitation report (2) is not medically necessary.

Certified Spanish interpreter (4 times): Overturned

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 4600

Decision rationale: The California Labor Code states that if the injured employee cannot effectively communicate with his or her treating physician because he or she cannot proficiently speak or understand the English language, the injured employee is entitled to the services of a qualified interpreter during medical treatment appointments. I am reversing the previous utilization review decision. A certified Spanish interpreter (4 times) is medically necessary.

Cervical spine Cyclobenzaprine cream 2% 60gm twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: According to the MTUS, there is little to no research to support the use of many of these compounded topical analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. There is no evidence for use of any muscle relaxant as a topical product. Cyclobenzaprine cream 2% 60 gm., twice daily is not medically necessary.

Liver function test: Overturned

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 Page(s): 67-73.

Decision rationale: The patient is currently taking hydrocodone and has a recent history of taking Naprosyn, an NSAID. NSAIDs have been linked to a low rate of serum liver enzyme elevations and rare instances of acute liver injury. I am reversing the previous utilization review decision. A liver function test is medically necessary.

Urine analysis: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: The patient is currently taking hydrocodone and has a recent history of taking Naprosyn, an NSAID. NSAIDs are associated with a low rate of renal injury. I am reversing the previous utilization review decision. Urinalysis is medically necessary.

Psychological follow-up treatment (three visits): 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 (Chronic), Behavioral interventions

Decision rationale: The Official Disability Guidelines allow for an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of up to 6-10 visits over 5-6 weeks (individual sessions). There is no evidence of functional

improvement with the previously authorized visits. Psychological follow-up treatment is not medically necessary.

Biofeedback (three visits): 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 (Chronic), Biofeedback

Decision rationale: The Official Disability Guidelines state that biofeedback is not recommended as a stand-alone treatment, but 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 is not medically necessary.

Psychological testing (Beck Depression Inventory-two units): Overturned

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) Mental Illness & Stress, BDI Â® - II (Beck Depression Inventory-2nd edition)

Decision rationale: According to the Official Disability Guidelines, the Beck Depression Inventory is recommended as a first-line option psychological test in the assessment of chronic pain patients. Intended as a brief measure of depression, this test is useful as a screen or as one test in a more comprehensive evaluation. I am reversing the previous utilization review decision. The Beck Depression Inventory is medically necessary.

psychological testing (Beck Anxiety Inventory X3): 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) Mental Illness & Stress, BDI Â® - II (Beck Depression Inventory-2nd edition)

Decision rationale: According to the Official Disability Guidelines, the Beck Depression Inventory is recommended as a first-line option psychological test in the assessment of chronic pain patients; however, the Beck Anxiety Inventory only questions symptoms occurring over the

last week, and in primary care patients with different anxiety disorders including social phobia, panic disorder, panic disorder with or without agoraphobia, agoraphobia, or generalized anxiety disorder, the BAI seemed to measure the severity of depression. This suggests that perhaps the BAI cannot adequately differentiate between depression and anxiety in a primary care population. The Beck Anxiety Inventory is not medically necessary.