

Case Number:	CM14-0211643		
Date Assigned:	02/10/2015	Date of Injury:	02/19/2014
Decision Date:	03/25/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 30 year old male who sustained an industrial related injury on 2/19/14 in a motor vehicle accident. The injured worker had complaints of neck and low back pain. The diagnoses were cervical facet syndrome, lumbar disc disorder, post-concussion syndrome, and spasm of muscles. Medications included Lyrica, Zipsor, and Norco. The treating physician requested authorization for referral to pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills training, Baja 631 spinal brace, and MRI of the lumbar spine. On 12/3/14 the requests were non-certified. Regarding the pain management referral, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the injured worker had already reportedly been approved for a neuropsychologist evaluation. Further psychosocial evaluations and cognitive behavioral therapy should await this initial evaluation. Regarding the spinal brace, the UR physician cited the MTUS guidelines and noted the guidelines do not recommend lumbar supports except in the acute phase of treatment. Regarding the MRI, the UR physician cited the MTUS guidelines and noted there was no documentation that revealed objective findings that identify specific nerve compromise on the neurologic examination. Therefore the requests were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to pain management psychologist for evaluation for cognitive-behavioral therapy and pain-coping skills training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Psychological Evaluation Page(s): 100-101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy Page(s): 23. Decision based on Non-MTUS Citation Pain section, Cognitive behavioral therapy

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, referral pain management psychologist for evaluation CBT and pain coping skills therapy. An occupational health practitioner may refer to other specialists if the diagnosis is certain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is designed to aid in the diagnosis, prognosis and therapeutic management of a patient. The need for a clinical office visit with a healthcare provider is individualized based upon a review of 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 medications such as opiates for certain antibiotics require close monitoring. Cognitive behavioral therapy guidelines for chronic pain include screening for patients with risk factors for delayed recovery including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after four weeks if lack of progress from physical medicine alone. Initial trial of 3 to 4 psychotherapy visits over two weeks. With evidence of objective improvement, total of up to 6 - 10 visits over 5 - 6 weeks (individual sessions). In this case, the injured workers working diagnoses are cervical facet syndrome; this disorder lumbar; postconcussion syndrome; and muscle spasm. The utilization review indicates the injured worker has already been approved for a neuropsychologist evaluation. Further psychosocial evaluation and cognitive behavioral therapy should await the initial evaluation by the neuropsychologist. There is no clinical indication or rationale pending the outcome of that consultation. Consequently, absent the results of the neuropsychologist consultation, referral pain management psychologist for evaluation CBT and pain coping skills therapy.

Baja 631 spinal brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Page(s): 9 & 298.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Low back section, Lumbar supports

Decision rationale: Pursuant to the ACOEM and the Official Disability Guidelines, lumbar supports are not medically necessary. Baja 631 spinal brace is not medically necessary. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Lumbar supports are not recommended or prevention. There is strong and consistent evidence

that lumbar supports were not effective in preventing neck and back pain. Additionally, lumbar supports do not prevent low back pain. In this case, the injured workers' diagnoses are cervical facet syndrome; this disorder lumbar; postconcussion syndrome; and muscle spasm. The guidelines do not support the use of the lumbar support. Lumbar supports have not been shown to have lasting effect beyond the acute phase of symptom relief. Additionally, lumbar supports do not prevent low back pain. Consequently, absent clinical documentation to support the use of spinal brace, Baja 631 spinal brace is not medically necessary.

MRI (Lumbar spine): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back section, MRI

Decision rationale: Pursuant to the Official Disability Guidelines, MRI lumbar spine is not medically necessary. MRI's are the test of choice for patients with prior back surgery, but uncomplicated low back pain, with radiculopathy, not recommended until at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for significant change in symptoms and findings suggestive of significant pathology. Indications for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain, infection, suspicion of cancer, other red flags; radiculopathy after one month conservative therapy, sooner if severe or progressive neurologic deficit; etc. See the guidelines for additional details. In this case, the injured workers' diagnoses are cervical facet syndrome; this disorder lumbar; postconcussion syndrome; and muscle spasm. Documentation indicated the injured worker had low back tenderness with symptoms of radiculopathy. However, there were no physical findings/objective findings of radiculopathy on examination. Motor strength was 5/5 and sensory examination was unremarkable. The injured worker had a course of physical therapy. The criteria for MRI imaging include a neurologic deficit. There is none. Radiographs of the lumbar spine were unremarkable. Consequently, absent clinical documentation to support MRI lumbar spine according to the recommended guidelines, MRI lumbar spine is not medically necessary.