

Case Number:	CM15-0113005		
Date Assigned:	06/19/2015	Date of Injury:	09/05/2011
Decision Date:	07/27/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 35 year old male, who sustained an industrial injury on 09/05/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar radiculitis, right hip pain, chronic pain syndrome, low back pain, and muscle pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the right hip, home exercise program, and medication regimen. In a progress note dated 05/27/2015 the treating physician reports complaints of pins and needles type of pain to the low back and the right hip along with numbness to the right upper leg. The injured worker also has associated symptoms of anxiety and depression. Examination reveals an antalgic gait, diminished sensation to the right lateral upper leg, tenderness over the lumbar right paraspinal muscles, and increased pain with range of motion to the lumbar spine and the right hip, and a positive straight leg raise. The injured worker's current medication regimen includes Norco for severe pain, Naproxen for inflammation and Flexeril for acute muscle spasms. The injured worker also currently takes Omeprazole, Sertraline / Zoloft, and Ranitidine, Norco, and Naproxen. The injured worker's current pain level is 8 out of 10 without use of his current medication regimen and 6 out of 10 with use of his current medication regimen. The treating physician notes that the injured worker's medication regimen decreases his pain to allow him to perform his home exercise program and to care for his children. The treating physician requested the medication Flexeril (Cyclobenzaprine) 10mg with a quantity of 30 with three refills as needed for muscle pain/spasm. The treating physician also requested a consultation for cognitive behavioral therapy with four follow-up sessions

noting his symptoms of depression and anxiety along with the recent initiation of medication for these symptoms. The patient has had MRI of the 1/12/15 that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes and EMG study of the LE on 4/16/15 that revealed L5 radiculopathy. Patient has received an unspecified number of PT visits for this injury. Per the note dated 3/27/15 patient denies having depression, anxiety and insomnia on review of systems. Patient has received an unspecified number of psychotherapy visits for this injury. The patient's surgical history include left and right foot surgical repair. A recent detailed psychiatric evaluation note of a psychiatrist was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult for cognitive behavioral therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition , 2004 page 127 Official Disability Guidelines (ODG) Cognitive Behavioral Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the CA MTUS Chronic Pain Medical Treatment Guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). Patient has received an unspecified number of psychotherapy visits for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. The medical necessity of the request for consult for cognitive behavioral therapy is not fully established for this patient. The request is not medically necessary.

4 follow-up sessions: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress (updated 03/25/15) Cognitive behavioral therapy (CBT).

Decision rationale: Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the CA MTUS Chronic Pain Medical Treatment Guidelines, ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend "Initial trial of 3-4 psychotherapy visits over 2 weeks, - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." ODG guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, total of up to 13-20 visits over 13-20 weeks (individual sessions). Patient has received an unspecified number of psychotherapy visits for this injury. The requested additional visits in addition to the previously rendered psychotherapy visits sessions are more than recommended by the cited criteria. There was no evidence of significant ongoing progressive functional improvement from the previous psychotherapy visits that is documented in the records provided. The notes from the previous psychotherapy visits documenting significant progressive functional improvement were not specified in the records provided. A recent detailed psychological and behavioral evaluation note was not specified in the records provided. The medical necessity of the request for 4 follow-up sessions is not fully established for this patient. The request is not medically necessary.

Flexeril 10mg #30 times with 3 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), NSAIDs, GI symptoms & cardiovascular risk Page(s): 41-42, 68-69.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker was diagnosed as having lumbar radiculitis, right hip pain, chronic pain syndrome, low back pain, and muscle pain. In a progress note dated 05/27/2015, the treating physician reports complaints of pins and needles type of pain to the low back and the right hip along with numbness to the right upper leg. Examination reveals an antalgic gait, diminished sensation to the right lateral upper leg, tenderness over the lumbar right paraspinal muscles, and increased pain with range of motion to the lumbar spine and the right hip, and a positive straight leg raise. The injured worker's current pain level is 8 out of 10 without use of his current medication regimen and 6 out of 10 with use of his current medication regimen. The patient has had MRI of the 1/12/15 that revealed disc protrusion and foramina narrowing, facet hypertrophy and degenerative changes and EMG study of the LE on 4/16/15 that revealed L5 radiculopathy. The patient's surgical history includes left and right foot surgical repair. The patient has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, it is deemed that, the use of the muscle relaxant Flexeril 10mg #30 with 3 refills is medically appropriate and necessary for this patient.