

Case Number:	CM15-0121223		
Date Assigned:	07/01/2015	Date of Injury:	11/17/2014
Decision Date:	08/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 34 year old male who reported an industrial injury on 11-17-2014. His diagnoses, and or impression, were noted to include: chronic pain syndrome; lumbosacral sprain-strain with lumbar spine degenerative disc disease; and right sacroiliac joint dysfunction associated with pelvic obliquity and leg length discrepancy. Recent magnetic imaging studies of the lumbar spine were done on 1-15-2015; and x-rays of the pelvis were done on 5/18/2015. His treatments were noted to include acupuncture treatments; medication management; and modified work duties. The progress notes of 5/18/2015 reported complaints of occasional, moderate pain in the low back that is increased with lifting. Objective findings were noted to include the notation of pelvic obliquity with the left higher than the right; diffuse tenderness in the lumbopelvic region, right > left, extending into the right gluteal region; positive right and left straight leg raise with decreased lumbar range-of-motion; decreased lumbar strength- stability; positive knee-to-chest on the left; and leg-length discrepancy when supine. The physician's requests for treatments were noted to include cognitive behavioral therapy; a sacroiliac stabilizing belt; and the continued of Pamelor. A note dated June 2015 indicates that Pamelor helps the patients sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 19-23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100-102 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there are no subjective complaints of psychological issues, no mental status exam, and no indication of what is intended to be addressed with the currently requested psychological consultation. In the absence of clarity regarding those issues, the currently requested CBT 4 visits are not medically necessary.

Pamelor 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Antidepressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Pamelor 10mg #60, California MTUS guidelines are silent regarding the use of antidepressants for sleep. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there is no current description of the patient's insomnia, and no discussion regarding what behavioral treatments have been attempted. Furthermore, there is no indication that Pamelor is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Pamelor is not medically necessary.

Sacroiliac Stabilizing Belt: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Chapter, Sacroiliac Support Belt.

Decision rationale: Regarding the request for sacroiliac belt, California MTUS and ACOEM do not contain criteria for this request. Official Disability Guidelines state that sacroiliac support belt is indicated for the treatment of sacroiliac joint dysfunction. Within the documentation available for review, there are no physical examination findings indicating sacroiliac joint dysfunction. In the absence of such documentation, the currently requested sacroiliac stabilizing belt is not medically necessary.