

Case Number:	CM15-0064147		
Date Assigned:	04/10/2015	Date of Injury:	11/02/2012
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/03/2015

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: North Carolina, Georgia
 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 34 year old male, who sustained an industrial injury on 11/02/2012. He reported injury to his back while he was scooping chilies as a general laborer. The injured worker was diagnosed as having lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, anxiety, and depression. Treatment to date has included diagnostics, pain management, psychology, and medications. A Qualified Medical Examination (Psychology) report, dated 11/24/2014, noted that the injured worker would benefit from 14-16 sessions of psychotherapy to address his depressive disorder. A Qualified Medical Evaluation report (Internal Medicine), dated 9/17/2014, noted an Epworth Sleepiness Scale score of 24, noting possible evaluation to determine the cause of his excessive daytime sleepiness. Currently, the injured worker complains of lumbar pain, with numbness and tingling in his lower extremities, right greater than left. His mood and/or sleep pattern were not noted. Qualified Medical Evaluations were reviewed for recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Polysomnography.

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

Decision rationale: The medical record states that the claimant has insomnia because of pain. There is no documentation of behavioral interventions and no documentation of the adequacy of the treatment of his depression. According to the ODG, a sleep study is indicated to investigate unexplained persistent insomnia (defined as 4 or more nights of disordered sleep, for 6 months or more) when this insomnia is unresponsive to behavioral interventions, trial of sedative/sleep medication and when psychiatric etiologies have been excluded. In this case, the medical record does not describe any prior investigation of the sleep disturbance and psychiatric comorbidities are actually suspected, but have not yet been addressed. A sleep study is not medically necessary.

Cognitive Behavioral Therapy: Overturned

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

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

Decision rationale: CA MTUS and ODG both recommend psychological treatment with a focus on identification and reinforcement of coping skills, which is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Screen for patients with risk factors for delayed recovery risk. Initial therapy for these "at risk" patients should be physical therapy for exercise instruction, using a cognitive motivational approach to PT. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from PT alone with initial trial of 3-4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, treatment may consist of up to 6-10 visits over 5-6 weeks (individual sessions). With severe psych comorbidities (e.g., severe cases of depression and PTSD) follow the ODG Psychotherapy Guidelines: Up to 13-20 visits over 7-20 weeks (individual sessions), if progress is being made. (The provider should evaluate symptom improvement during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate.) In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, there is good documentation of symptoms of depression and anxiety which warrant psychotherapy for cognitive behavioral therapy. The request for cognitive behavioral therapy is medically necessary.

