

Case Number:	CM15-0069058		
Date Assigned:	04/16/2015	Date of Injury:	12/21/2006
Decision Date:	06/30/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/10/2015

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

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 54-year-old male who sustained an industrial injury on 12/21/2006. Diagnoses include chronic pain syndrome, numbness, headache, neck pain and knee pain, anxiety, depression, rotator cuff syndrome, cervical radiculopathy, degenerative disc disease-cervical -status post C4-C7 anterior fusion, fractures of the 2 intervertebral body screws at the C7 level are seen, and right knee degenerative joint disease. Treatment to date has included diagnostic studies, medications, and trigger point injections. A physician progress note dated 03/04/2015 documents the injured worker complains of increased right-sided neck pain. He reports a lot of anxiety and depression secondary to this chronic pain. Cervical spine range of motion is reduced with rotation toward the right and with cervical extension. There is tenderness over the right C4-5 and C5-6 and right C6-7 cervical paraspinals and positive twitch response with referred pain. His right knee is painful with flexion and extension, there is mild effusion. There is 90% range of motion with extension and 80% range of motion with flexion. His gait is mildly antalgic favoring his right leg. Trigger point injections were administered. Treatment requested is for cognitive behavioral therapy times 4 visits for chronic pain, Klonopin 1mg #90, knee brace- purchase for the right knee, and orthopedic evaluation times 1 for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee brace- purchase for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 340, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: According to the 03/04/2015 report, this patient presents with "increased ride-sided neck pain" and right knee pain. The current request is for Knee brace- purchase for the right knee. The request for authorization is on 03/17/2015. The patient's work status is "P &S." ACOEM guidelines page 340 state "A brace can be used for patellar instability, anterior cruciate ligament (ACL) tear, or medical collateral ligament (MCL) instability although its benefits may be more emotional (i.e., increasing the patient's confidence) than medical." When ODG guidelines are consulted, criteria for knee bracing are much broader. In reviewing the provided reports, the treating physician indicates that the patient has had a knee brace but its "worn out" and "would like a new right knee brace." However, the patient does not present with articular defect repair, meniscal cartilage repair, knee instability, ligamental insufficiency, and other conditions for which a knee brace would be indicated. The treater does not document medical necessity according to the guidelines. The request IS NOT medically necessary.

Orthopedic Evaluation times 1 for the right knee: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92,112,127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: According to the 03/04/2015 report, this patient presents with "increased ride-sided neck pain" and right knee pain. The current request is for Orthopedic Evaluation times 1 for the right knee. The request for authorization is on 03/17/2015. The patient's work status is "P &S." The ACOEM guidelines, chapter 7, page 127 state that 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. Based on the reports provided for review, the patient has been treated with [REDACTED], MD in the past regarding the right knee. The patient is now "having increased right knee pain." In this case, the current request is supported by the ACOEM guidelines for specialty referral. The treating physician feels that additional expertise may be required. Therefore, the request IS medically necessary.

Cognitive behavioral therapy times 4 visits for chronic pain: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG cognitive behavioral therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT) Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Cognitive Behavioral Therapy (CBT).

Decision rationale: According to the 03/04/2015 report, this patient presents with "increased ride-sided neck pain" and right knee pain. The current request is for Cognitive behavioral therapy times 4 visits for chronic pain. The request for authorization is on 03/17/2015. The patient's work status is "P &S." For cognitive behavioral therapy, the MTUS Guidelines page 23 recommends an initial trial of 3 to 4 psychotherapy treatments over 2 weeks and additional treatments for a total of 6 to 10 visits with documented functional improvement. Review of the reports does not specifically discuss prior cognitive behavioral therapy sessions but the Utilization Review letter refers to prior treatments. Given that the MTUS does not allow more than 10 sessions after a trial, it is not known whether the patient has had 10-14 sessions allowed for chronic pain. ODG allows up to 20 initial CBT for major depression and up to 40 sessions if benefit is documented. The patient does present with severe anxiety and depression. Given that the request is for 4 sessions only, and that it may have been awhile since the last sessions, the request appears reasonable. The request IS medically necessary.

Klonopin 1mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines ODG pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 03/04/2015 report, this patient presents with "increased ride-sided neck pain" and right knee pain. The current request is for Klonopin 1mg #90. The request for authorization is on 03/17/2015. The patient's work status is "P &S." Regarding Benzodiazepines, the MTUS guidelines page 24, do not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Only short-term use of this medication is recommended for this medication. Review of the provided reports show the patient has been prescribed Klonopin since 10/08/2014 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.