

<b>Case Number:</b>	CM15-0090375		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	05/26/2010
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: 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 05/26/10. Initial complaints and diagnoses are not available. Treatments to date include lumbar facet joint medial branch blocks and radiofrequency ablations, left shoulder surgery, physical therapy, and medications. Diagnostic studies are not addressed. Current complaints include bilateral neck pain and right scapular pain, bilateral thoracic pain, bilateral shoulder and low back pain. Current diagnoses include cervical and lumbar facet joint pain, cervical, thoracic and lumbar facet joint arthropathy; disturbed sleep cycle, sexual dysfunction, left shoulder internal derangement, right thoracic facet joint pain, constipation and hypertension. In a progress note dated 03/17/15 the treating provider reports the plan of care as 10 psyche treatments, cervical facet joint medial branch block, and OxyContin. The requested treatments include a lumbosacral orthotic brace, and psyche treatments.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO Brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official disability guidelines, Low Back, Lumbar & Thoracic Chapter, lumbar supports.

**Decision rationale:** The patient presents with neck, back and shoulder pain. The request is for LSO BRACE. The request for authorization is not provided. The patient is status-post left shoulder surgery, 12/12/12. Physical examination reveals tenderness upon palpation of the cervical, thoracic and lumbar paraspinal muscles. Bilateral shoulders, thoracic, lumbar and cervical ranges of motion were restricted by pain in all directions. Bilateral shoulder impingement signs were positive. Lumbar discogenic provocative maneuver, sustained hip flexion, was positive bilaterally. The patient reports improvement of his bilateral low back pain since receiving the bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation. Patient's current medications include Lisinopril, Amlodipine, OxyContin, Humulin, Glucophage, Lipitor, Robaxin and Melatonin. Per progress report dated 03/17/15, the patient is temporarily totally disabled. ACOEM Guidelines page 301 on lumbar bracing states, "lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." ACOEM guidelines further state that they are not recommended for treatment, but possibly used for prevention if the patient is working. ODG Low Back, Lumbar & Thoracic Chapter, lumbar supports topic, states, "Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option)." For post-operative bracing, ODG states, "Under study, but given the lack of evidence supporting the use of these devices, a standard brace would be preferred over a custom post-op brace, if any, depending on the experience and expertise of the treating physician." Treater does not discuss the request. In this case, guidelines recommend lumbar bracing only for the acute phase of symptom relief, compression fractures, treatment of spondylolisthesis and documented instability. No evidence of aforementioned conditions is provided for this patient. There is no evidence of recent back surgery, either. For non-specific low back pain, there is very low quality evidence, and ACOEM guidelines do not support the use of a back brace for chronic pain. Therefore, the request IS NOT medically necessary.

**Psyche treatment x 10:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines behavioral intervention Page(s): 23. Decision based on Non-MTUS Citation Official disability guidelines, Pain Chronic chapter, under Psychological treatment.

**Decision rationale:** The patient presents with neck, back and shoulder pain. The request is for PSYCHE TREATMENT X 10. The request for authorization is not provided. The patient is status-post left shoulder surgery, 12/12/12. Physical examination reveals tenderness upon palpation of the cervical, thoracic and lumbar paraspinal muscles. Bilateral shoulders, thoracic, lumbar and cervical ranges of motion were restricted by pain in all directions. Bilateral shoulder

impingement signs were positive. Lumbar discogenic provocative maneuver, sustained hip flexion, was positive bilaterally. The patient reports improvement of his bilateral low back pain since receiving the bilateral L4-L5 and L5-S1 facet joint radiofrequency nerve ablation. Patient's current medications include Lisinopril, Amlodipine, OxyContin, Humulin, Glucophage, Lipitor, Robaxin and Melatonin. Per progress report dated 03/17/15, the patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines, page 23 states the following regarding behavioral intervention, "Recommended. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence." ODG, Chronic chapter, under Psychological treatment, states the following: "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." Treater does not discuss the request. In this case, it appears the patient is suffering from severe depression and individual sessions of psychotherapy would be indicated. MTUS guidelines allow up to 20 visits of individual sessions. Review of provided medical records show patient has not attended any sessions of psychotherapy. The request for 10 sessions of psychotherapy is within guideline recommendation. Therefore, the request IS medically necessary.