

Case Number:	CM15-0092671		
Date Assigned:	05/19/2015	Date of Injury:	09/26/2001
Decision Date:	06/25/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/14/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 61-year-old who has filed a claim for chronic neck pain, mid back pain, headaches, and low back pain with derivative complaints of depression, anxiety, dyspepsia, and fibromyalgia reportedly associated with an industrial injury of December 26, 2001. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve requests for a TENS unit and six sessions of cognitive behavioral therapy. The claims administrator referenced an RFA form received on April 6, 2015 and an associated progress note of April 1, 2015 in its determination. The claims administrator stated that it was not altogether certain how much prior cognitive behavioral therapy the applicant had had. The claims administrator did seemingly frame the request as a renewal or extension request, however. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported having completed four of six recent physical visits. Multifocal complaints associated with fibromyalgia were reported. The applicant's medications included Soma, Protonix, Imitrex, tramadol, Lyrica, lidocaine, Ambien, naproxen, and Ativan, it was suggested. 7/10 pain with medications versus 10/10 pain without medications was reported. The applicant did have comorbidities including diabetes, it was incidentally noted. Multiple medications were refilled. The applicant's work status was not detailed, although it did not appear that the applicant was working. On February 11, 2015, the attending provider stated that the applicant would be extremely sedentary and unable to perform activities of daily living as basic as meal preparation and grocery shopping without her medications. On March 12, 2015, multiple medications were renewed, including tramadol, Norco, Lyrica, lidocaine patches, Imitrex, Ambien, naproxen, Ativan, and Soma.

Additional physical therapy was sought. The applicant was status post epidural steroid injection therapy, it was acknowledged. Once again, it was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. On April 1, 2015, tramadol, Norco, Lyrica, Imitrex, naproxen, Protonix, Soma, Ativan, new psychiatry consultation, and six sessions of cognitive behavioral therapy were endorsed. It was stated that the applicant was very anxious and depressed. A 30-day trial of a TENS unit was sought on the grounds that the applicant's medications had proven incompletely effectual. A RFA form dated April 6, 2015 did suggest that the TENS unit in question was being sought on a 30-day trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS (transcutaneous electrical nerve stimulation) unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

Decision rationale: The request for a TENS unit 30-day trial [rental] was medically necessary, medically appropriate, and indicated here. The request was posited as a TENS unit 30-day trial rental via a progress note dated April 1, 2015 and via an associated RFA form dated April 6, 2015. As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, a one-month trial of a TENS unit can be employed in applicants with chronic intractable pain of greater than three-month duration in whom other appropriate pain modalities, including pain medications, have been tried and/or failed. Here, quite clearly, the applicant had tried and/or failed numerous first- and second-line oral analgesic and adjuvant medications, including tramadol, Norco, Lyrica, Imitrex, naproxen, etc. A 30-day trial of a TENS unit was indicated on or around the date in question. Therefore, the request was medically necessary.

Cognitive Behavioral therapy, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions - ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Psychotherapy guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398; 405.

Decision rationale: Conversely, the request for six sessions of cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 398 does acknowledge that issues regarding work stress and person-job stress may be handled effectively with talk therapy through a psychologist, ACOEM goes on to note that applicants with more serious conditions may need a referral to a psychiatrist for

medicine therapy. Here, the applicant's mental health issues were described as more serious on the April 1, 2015 office visit in question. The applicant was described as a severely anxious and depressed individual on the April 1, 2015 office visit in question. The applicant was visibly tearful on that date. The applicant was using a variety of psychotropic and/or sedative medications, including Ativan and Ambien. As suggested by ACOEM, a referral to a psychiatrist was in fact a more appropriate option as of the date in question. The claims administrator, furthermore, also suggested that the applicant had had earlier unspecified amounts of cognitive behavioral therapy over the course of the claim. The MTUS Guideline in ACOEM Chapter 15, page 405 suggests that an applicant's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, the applicant's seeming failure to return to work and continued dependence on anxiolytic and sedative agents such as Ativan and Ambien, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of cognitive behavioral therapy/psychotherapy over the course of the claim. Therefore, the request for six sessions of cognitive behavioral therapy was not medically necessary.