

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California, Ohio, and Pennsylvania. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

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

The underlying date of injury is 05/24/2001. The primary diagnosis is 724.02, lumbago. A request for rhizotomy states that this was previously approved but not accessed and that this treatment in the past has provided significant pain relief for up to a year. Psychiatric counseling has also been requested to reduce pain-related depression and assist in pain management with reduction of medication.

A prior physician review notes this patient has chronic low back pain status post multilevel fusion, with residual significant lumbar degenerative disc disease and also severe depression aggravated by chronic pain. That peer review indicates that the records do not adequately demonstrate whether or not the patient had undergone any psychological treatment since the injury of 05/24/2011 or what the specific psychological symptoms are above the patient's baseline depression. That review also notes that treatment guidelines regarding facet rhizotomy does not recommend repeat blocks unless the duration of treatment for the first procedure is at least 12 weeks at greater than 50%. The reviewer notes that a 07/03/2013 report from the treating physician stated that the patient had significant relief in the past for up to a year but did not provide specific notes regarding the date of the last rhizotomy and subsequent follow-up notes.

Currently a peer-to-peer note of 10/04/2013 from the treating physician notes that attempts had been made to simulate a functional restoration program since the patient was working and could not attend a functional restoration program during working hours. That note also indicates the treatment of cognitive behavioral issues had been attempted with counseling despite the denial of treatment by the Workers' Compensation carrier.

IMR DECISION(S) AND RATIONALE(S)

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

1. Psychological counseling, twelve (12) sessions is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Psychological treatments, which is part of the MTUS and ODG, Cognitive Behavioral Therapy (CBT) guidelines for chronic pain, which is not part of the MTUS

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines Section on Psychological, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The Chronic Pain Medical Treatment Guidelines, section on psychological treatment, state, "Recommended for appropriately identified patients during treatment for chronic pain." The guidelines therefore would recommend an initial psychological evaluation, with the duration of treatment to be determined based on the results of that evaluation. Recent notes from the treating physician supplement a prior physician review and indicate there has been some attempt at psychological assessment. However, the specifics of that assessment are not documented. Therefore, it may be desirable to submit a separate request clarifying the nature of the past psychological evaluation and treatment. At this time the request for psychological counseling for 12 sessions is not medically necessary.

2. Rhizotomy is not medically necessary and appropriate.

The Claims Administrator based its decision on the ACOEM guidelines, pgs. 300-301, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG) Section on Low Back, which is part of the MTUS.

The Physician Reviewer's decision rationale:

Facet joint rhizotomy is not discussed in the California Treatment Guidelines. The Official Disability Guidelines for treatment in Workers' Compensation/low back state regarding facet joint radiofrequency neurotomy, "While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless the duration or relief from the first procedure is documented for at least 12 weeks at greater than 50%. The current literature does not support that the procedure is successful without sustained pain relief, generally of at least 6 months duration...Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in visual analog pain score, and documented improvement in function." As noted from a prior physician review, these details regarding the specific dates of prior rhizotomy treatment and the specific functional improvement from that treatment is not available in the medical records or in the recent follow-up note from the treating physician. Therefore, at this time this request is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the

practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]