

<b>Case Number:</b>	CM14-0141658		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	09/25/1981
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 25, 1981. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; topical agents; psychotropic medications; opioid therapy; unspecified amounts of physical therapy; a home health aide; earlier lumbar fusion surgery; left and right total knee arthroplasty procedures; and extensive periods of time off of work. In a Utilization Review Report dated August 12, 2014, the claims administrator denied a request for a behavioral pain management evaluation/consultation and also denied a light-weight folding transport chair. The claims administrator cited incomplete and/or insufficient information on the part of the treating provider. The claims administrator did invoke non-MTUS Chapter 7 ACOEM guidelines in its denial, it was incidentally noted. In a request for authorization form dated September 25, 2014, authorization was sought for MS Contin, oxycodone, Sprix, Duragesic, Prilosec, Valium, Terocin, Desyrel, BuTrans, and home health services. In a September 9, 2014 progress note, the applicant presented with multifocal neck, low back, knee, and shoulder pain with derivative complaints of anxiety, sleep disturbance, and depression. It was stated that the applicant was a candidate for lumbar spine surgery to correct scoliosis. It was stated that the applicant could also be a candidate for an intrathecal pain pump and/or spinal cord stimulator. It was stated that the applicant's wife was acting as a caregiver. Also reviewed were several pictures of the applicant dated September 9, 2014, black and white. The applicant did appear to affect a stooped gait and was, moreover, visibly scoliotic. In a July 15, 2014 progress note, it was stated that the applicant was leaning on a cane very heavily. The applicant was described as "permanently disabled." On August 29, 2014, the applicant again reported persistent complaints of low back pain, 4-8/10, radiating to the bilateral lower extremities. An earlier epidural steroid injection of August 22,

2014 had apparently provided some fleeting relief. It was stated that a light-weight folding transport chair was necessary here so as to improve the applicant's enjoyment of life. It was stated that a behavioral pain management consultation was necessary to help the applicant deal with the impact of his pain on activities of daily living. The attending provider seemingly suggested that he was seeking six visits of "behavioral pain management." Based on the requesting provider's description of services being sought, it appeared that this represented a request for psychological treatment/psychological counseling.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BEHAVIORAL PAIN MANAGEMENT [REDACTED]: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 5 ACOEM Guidelines, Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment topic. Page(s): 101.

**Decision rationale:** Based on the attending provider's description of services being sought, the request represents a request for psychological treatment. As noted on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines, psychological interventions for chronic pain applicants include setting goals, determining appropriateness of treatment, and/or assessing an applicant's coping skills. Self-regulatory treatments, page 101 of the MTUS Chronic Pain Medical Treatment Guidelines notes, have been found particularly effective. In this case, the applicant has issues with poor coping mechanisms, it was suggested on several occasions referenced above. The applicant has a variety of chronic pain complaints and his having difficulty coping with his chronic pain and resultant impairment. Obtaining the added expertise of a behavioral pain management specialist is therefore indicated. Accordingly, the request is medically necessary.

#### **LIGHTWEIGHT FOLDING TRANSPORT CHAIR: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 9.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 1, page 9 does acknowledge that all seatings should be fully adjustable to accommodate applicants of different heights and body habits. In this case, however, the applicant is off of work. The applicant has been deemed "permanently disabled," his treating provider has suggested on several occasions, referenced above. By implication, then, the request for a light-weight folding transport chair is

an article of applicant preference or personal convenience as opposed to an article of payer or employer responsibility. Therefore, the request is not medically necessary.