

<b>Case Number:</b>	CM13-0070916		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	08/16/1994
<b>Decision Date:</b>	05/30/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Psychology 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 claimant is a 57 year-old female with a date of injury of 8/16/94. The claimant sustained injury to her neck as the result of cumulative trauma while completing computer work for [REDACTED]. In her 11/19/13 progress note, [REDACTED] offered the following diagnostic impressions: (1) lumbar spondylosis; (2) chonrinc neck pain, cervicalgia; (3) cervical spondylosis; (4) myofascial pain; (5) FBSS status post C4-5 and C5-6 fusions after four total procedures; (6) S1 joint dysfunction; (7) depression; (8) recurrent hernias, status post repair; (9) bilateral greater trochanter bursitis; (10) UDS 1/2013; (11) has had multiple injections of neck and back, minimal relief of short duration; (12) thinks she may have had RFA of lumbar spine which lasted 2 weeks; (13) has had discussion about SCS and has considered it but worried about complications related to foreign body; (14) abbreviated COMM eval: patient denies consideration of hurting herself or using prescriptions differently than prescribed; and (15) migraine vs. cervicogenic headache vs. medication overuse headache/opiod induced hyperalgesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **12 NEUROPSYCHOLOGY VISITS (OVER 1 MONTH): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines COGNITIVIE BEHAVIORAL THERAPY Page(s): 23. Decision based on Non-MTUS Citation COGNITIVE BEHAVIORAL THERAPY (CBT) GUIDELINES FOR CHRONIC PAIN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
PSYCHOLOGICAL TREATMENT Page(s): 101-102.

**Decision rationale:** The CA MTUS guideline regarding the psychological treatment of chronic pain was used as reference for this case. Based on the review of the medical records, it is unclear as to why the claimant was referred for neuropsychological services. In her 10/24/13 progress note, [REDACTED] wrote, "Referral to neuropsych for behavior therapies, biofeedback, etc." In her 11/19/13 progress note, [REDACTED] wrote, "Cont neuropsych for behavior therapies, biofeedback, etc." Neuropsychological services are typically used for head injuries and other cognitive symptoms, not typically for pain. Therefore, a psychologist who can perform both CBT and biofeedback is a more appropriate recommendation for the treatment of pain. However, before further treatment can be requested, an initial evaluation needs to be completed that can offer more precise diagnostic information and offer appropriate treatment recommendations. It is unclear as to whether the claimant has participated in any behavioral therapies in the past as there are no psychological records offered for review. Based on the rationale above, the request for "12 NEUROPSYCHOLOGY VISITS (OVER 1 MONTH" is not medically necessary.