

Case Number:	CM14-0135191		
Date Assigned:	08/29/2014	Date of Injury:	08/10/2002
Decision Date:	10/02/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/22/2014

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 licensed in Psychology and is licensed to practice in Texas. 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 injured worker is a 49-year-old male who reported an injury on 08/10/2002 due to delivering boxes with wheels weighing 60 to 70 pounds, unloading and loading carts, he felt a pain after unloading a box, to the lumbar region. The injured worker had diagnoses of spondylolisthesis, post lumbar laminectomy syndrome with right L5 radiculopathy and radicular pain. The prior surgeries included a status post fusion and failed spinal cord stimulation. The medication included Duragesic, Norco, Cymbalta, Xanax, Soma, and Neurontin. The physical examination dated 07/11/2014 revealed an antalgic gait. The range of motion indicated a flexion 24 inches from ground, extension 25 degrees; back was symmetrical with an 8 mm midline incision; tender to palpation; and straight leg raise was positive on the right at 40 degrees and positive on the left at 80 degrees. The muscle strength was 5/5 to the lower extremities. Neurological examination revealed deep tendon reflexes were 2+ in quadriceps bilaterally and absent at the Achilles. There was diminished sensation to the light touch and pin wheel posterior lateral aspect of the right lower leg. Past treatments included medication, epidural injections, and physical therapy. The Request for Authorization dated 08/29/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurocognitive Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment.. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The request for Neurocognitive Evaluation is not medically necessary. The California MTUS Guidelines indicate that the injured worker should be screened. Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks. The clinical notes did not indicate that the injured worker has had any cognitive screening or presents with any specific cognitive impairments. The physical assessment did not indicate that the injured worker was suffering from any neurological risk factors. As such, the request is not medically necessary.