

Case Number:	CM14-0151405		
Date Assigned:	09/19/2014	Date of Injury:	09/01/1999
Decision Date:	11/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Psychologist, 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 54-year-old female who reported an injury on 09/01/1999 due to cumulative type of trauma related to her job as director of compliance and quality. The injured worker complained of neck pain that radiated to the right arm with weakness and migraines. The injured worker had diagnoses of chronic pain syndrome, postlaminectomy syndrome at the cervical chronic instability, and chronic cervical radiculopathy. The MRI of the cervical spine dated 06/17/2014 revealed status post anterior cervical discectomy and fusion at the C5-7 with hardware and a small central disc protrusion at the C4-5 without central canal or neural foraminal narrowing. The nerve conduction study dated 08/20/2014 to the upper extremities revealed mild findings of chronic denervation at the right C6 distribution consistent with chronic radiculopathy without evidence of acute findings and borderline right medial sensory neuropathy at the wrist. Past treatments included Botox injections, medication, cognitive behavior therapy x4 sessions, acupuncture, TENS unit, massage therapy, and psychotherapy. Prior surgery included a anterior cervical discectomy and instrumentation at the C5, C6 and C7. The medications included Valium 5 mg, Maxalt 10 mg, Zanaflex 4 mg, Tylenol No. 3, Cambia 50 mg, and Neurontin 100 mg. The injured worker rated her pain a 5/10 with medication and 10/10 without medication. The objective findings included moderate to severe spasms to the right super trapezius muscle. Range of motion in the cervical spine was limited by 50% with pain. There was decreased sensation to touch to the right forearm and hand. Grip strength was decreased and there was weakness with right wrist flexion and extension on the right. The treatment plan included cognitive behavior therapy 3 sessions. The request for authorization dated 09/19/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (CBT) sessions times 3: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Behavioral therapy (CBT) guidelines for chronic pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain Page(s): 23.

Decision rationale: The California MTUS Guidelines indicate that injured workers should be screened for risk factors for delayed recovery which includes fear avoidance beliefs initial therapy for these at risk patients should be physical medicine for exercise instructions, using a cognitive motivational approach to physical medicine. There should also be a separate consideration for psychotherapy CBT referral after 4 weeks of lack of progression from physical medicine alone. The initial trial for psychotherapy visits is 3 to 4 over a 2 week period with evidence of objective improvement a total of 6 to 10 visits over 5 to 6 weeks initial visits. The documentation indicated that on 04/17/2014 the injured worker received a Botox injection and the clinician's note on 05/23/2014 revealed that the injured worker reported no migraines and a decrease in migraine headaches by 75%. The documentation from the rehab and orthopedic center for the comprehensive cognitive behavior evaluation indicated that the injured worker received physical therapy with a high efficacy. However, no documentation with the physical therapy was provided. The documentation also indicated that the Botox injection was effective for 8 months for the migraine headaches. However, the guidelines state "consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone". As such, the request for the cognitive behavior therapy sessions times 3 is medically necessary.