

Case Number:	CM14-0169865		
Date Assigned:	10/23/2014	Date of Injury:	02/07/2005
Decision Date:	12/02/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/14/2014

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 50-year-old male who reported an injury on 02/07/2005 due to being rear ended by a 4 wheeler. Diagnoses were cervical myoligamentous injury with 3 mm to 4 mm disc protrusion, bilateral upper extremity radiculopathy, right greater than left, lumbar spine sprain/strain syndrome, bilateral lower extremity radiculopathy, left greater than right, medication induced sexual dysfunction, and medication induced gastritis. The injured worker recently had an EMG study of the bilateral upper and lower extremities performed on 06/27/2014 that revealed acute C6 radiculopathy on the left and acute left L5 radiculopathy. An MRI of the lumbar spine dated 05/15/2014 revealed, at the L5-S1, dehiscence of the nucleus pulposus with a 5 mm protrusion and small tear at the annulus. An MRI of the cervical spine on 05/09/2014 revealed a C5-6 one mm disc protrusion with associated facet arthropathy and bilateral neural foraminal stenosis deviating the bilateral C6 exiting nerve roots. At the C4-5, there was a 3 mm disc protrusion with associated facet arthropathy and bilateral neural foraminal stenosis deviating bilateral C5 exiting nerve roots. At the C3-4, there is a 1 mm disc protrusion with associated facet arthropathy and bilateral neural foraminal stenosis deviating the bilateral C4 exiting nerve roots. At the C2-3, there was a 2 mm disc protrusion with bilateral neural foraminal stenosis. The injured worker was certified to proceed with surgical intervention of the cervical spine which was scheduled on 10/15/2014. The physical examination dated 09/18/2014 revealed complaints of ongoing neck pain which radiated down to the left upper extremity along the associated cervicogenic headaches. There were complaints of continued pain in the lower back which radiated down both lower extremities. The injured worker ambulated with a 4 wheeled walker and was very apprehensive ambulating without it. It was reported that the injured worker remained frustrated and anxious and was repeatedly requesting to receive clinical psychologist sessions. The examination of the lumbar spine revealed pain to palpation of the lumbar

musculature. There was muscle rigidity noted. Sensory deficits were noted along the lateral arm and forearm on the left in approximate C5-6 distribution in comparison to the right. Medications were Norco 10/325 mg 5 tablets to 6 tablets daily, Anaprox DS 550 mg 1 twice a day, Prilosec 20 mg 1 twice a day, Topamax 50 mg 1 twice a day, Cymbalta 30 mg 1 tablet daily, Sonata 10 mg 1 tablet at bedtime as needed, Cialis 20 mg 1 tablet daily as needed, and Imitrex 100 mg 1 tablet as needed for migraines. The treatment plan was for cervical spine surgery. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 additional cognitive behavioral psych therapy sessions for ongoing depression and anxiety: Upheld

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

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

Decision rationale: The decision for 10 additional cognitive behavioral psych therapy sessions for ongoing depression and anxiety is not medically necessary. The California Medical Treatment Utilization Schedule states, for psychological treatment, it is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). The following "stepped care" approach to pain management that involves psychological intervention has been suggested: step 1 is to identify and address specific concerns about pain and enhance interventions that emphasize self management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2 is to identify patients who continue to experience pain and disability after the usual time of recovery. At this point, a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3 is pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required for mental health professions allowing for a multidisciplinary treatment approach. The request is for 10 additional cognitive behavioral psych therapy sessions for ongoing depression and anxiety. There were no psychological progress notes indicating objective functional improvement or how many sessions of prior psychological therapy the injured worker had had. There was no treatment plan submitted or goal progression reported. It was not reported that the injured worker had any type of objective functional improvement. The clinical information submitted for review does not provide evidence to justify 10 additional cognitive behavioral psych therapy sessions. Therefore, this request is not medically necessary.