

Case Number:	CM14-0029040		
Date Assigned:	06/20/2014	Date of Injury:	06/07/2013
Decision Date:	07/24/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/05/2014

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 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 55 year old female who reported injury of the neck and back on 06/07/2014. The injured worker complained of pain in the neck and lower back with tingling of the hands, legs, and feet, weakness in the arms and hands as well as numbness in the legs and feet, but stated that her overall pain was improved. She rated the severity of pain a 6/10, 5/10 at its best, an 8/10 at its worst, with an average of 7/10 and described the pain as sharp, throbbing, dull, aching, cramping, shooting and burning with pins and needles sensation and is aggravated by bending forward, backwards, reaching kneeling, stooping, doing exercises, lying down, prolonged standing, sitting and walking and is relieved with rest ice, heat, medications elevation of affected area and relaxation. Examination on 02/05/2014 stated that injured worker was alert, oriented x 4 with appropriate mood and pleasant affect with no somnolence, there was tenderness to palpation over the right cervical and bilateral lumbar paraspinal muscles, positive Spurling's maneuver on the right, Patrick's test, straight leg raise on left in supine and seated position and bilateral lumbar facet loading maneuver as well as diminished sensation in the left C7-8 dermatomes of the upper extremities. Cervical MRI (magnetic resonance imaging) showed 1.9 to 2.1mm discs bulges at C4-5 through C6-7, chronic but stable. She had diagnoses of displacement of cervical intervertebral disc without myelopathy, cervicgia, and lumbago. She had past treatments of medications heat, ice, physical therapy, transcutaneous electrical nerve stimulation, and chiropractic physiotherapy. Her medications were ultram ER 150mg daily as needed, naproxen 550mg twice a day. The treatment plan is for referral to stress management specialist. The request for authorization form was not submitted for review. There is no rationale for the request for referral to stress management specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to Stress Management Specialist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines behavioral interventions, OGD cognitive behavioral therapy (CBT) guidelines for chronic pain Page(s): 23.

Decision rationale: The injured worker complained of pain in the neck and lower back with tingling of the hands, legs, and feet, weakness in the arms and hands as well as numbness in the legs and feet, but stated that her overall pain was improved. Examination on 02/05/2014 stated that injured worker was alert, oriented x 4 with appropriate mood and pleasant affect with no somnolence. She had past treatments of medications heat, ice, physical therapy, transcutaneous electrical nerve stimulation, and chiropractic physiotherapy. CA MTUS chronic pain medical treatment behavioral interventions and OGD cognitive behavioral therapy (CBT) guidelines for chronic pain suggest screening patients with risk factors for delayed recovery, including fear avoidance beliefs with the fear-avoidance beliefs questionnaire (FABQ), that initial therapy for the "at risk" patient should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine, and to consider separate CBT referral after 4 weeks if physical medicine does not work alone then an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective function improvement a total of up to 6-10 visits over 5-6 weeks (individual sessions). There is no evidence of any screening that had been done or the trial of physical medicines such as anti-depressants and anti-convulsions. Therefore, the request for referral to stress management specialist is non-certified.