

Case Number:	CM14-0074990		
Date Assigned:	07/16/2014	Date of Injury:	11/11/2003
Decision Date:	08/14/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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 51-year-old male who reported an injury on 11/11/2003 when he reportedly fell backwards holding an 11 x 4 foot glazed patio door; as he fell, his right elbow struck a very small statue and landed prone on his back holding a door. He had neck, shoulder, arm, lower back, hip, and upper leg pain. The injured worker's treatment history included medications, MRI, X-ray, surgery, joint injections, CT scan, lumbar medial branch radiofrequency neurotomy, EMG/NCS, acupuncture therapy, and physical therapy. The injured worker was evaluated on 02/11/2014, and it was documented that the injured worker had lower back pain and left shoulder pain. The provider noted that the injured worker's pain level had decreased to a 5/10 with medications and acupuncture therapy sessions. It was noted that the injured worker had increased right shoulder pain, at night whenever he turned to the right side, crying out in pain on his visit. He noted that the injured worker medications are working well along with additional therapies. Physical examination of the cervical spine revealed tenderness of the paravertebrals muscles on both sides and Spurling's maneuver caused radicular symptoms on the right. Range of motion was restricted with flexion limited to 30 degrees, extension limited to 15 degrees, limited by pain, right lateral bending and left lateral bending limited to 10 degrees. Physical examination of the lumbar spine revealed range of motion was restricted flexion limited to 45 degrees, extension 5 degrees, right lateral bending and left lateral bending was 10 degrees, limited by pain. There was tenderness and spasms along the paravertebral muscles, and tight muscle bend on both sides. Lumbar facet loading was positive on the right side. Physical examination of the left/ right shoulder was restricted, Hawkins, Empty Cans, Speeds and test were positive. The right shoulder Yergason's test was positive. The medications included Lyrica 75 mg, Soma 350 mg, Dilaudid 4 mg, Klonopin 0.5 mg, and metformin HCL 500 mg. The diagnoses included facet syndrome, cervical radiculopathy, disc disorder cervical, shoulder pain,

and lower back pain. The request for Authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One referral to pain management psychologist for evaluation for cognitive behavioral therapy and pain coping skills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that cognitive behavioral therapy and pain coping skills are initial therapy for those at risk patients. Using physical medicine for exercise instruction and using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT (Cognitive behavioral therapy) 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 individual sessions. The documents submitted on 02/11/2014 indicated that the injured worker's pain medications and additional therapies had improved his activities of daily living. There is lack of documentation of long-term goals regarding functional improvement. In addition, the request lacked frequency and duration of sessions for the injured worker. Given the above, the request for one referral to pain management psychologist evaluation for cognitive behavioral therapy and pain coping skills is non-certified.