

Case Number:	CM14-0088001		
Date Assigned:	07/23/2014	Date of Injury:	12/17/2001
Decision Date:	08/27/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 a licensed Doctor of 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 59-year-old female who reported an injury on 12/17/2009 due to cumulative trauma. The injured worker has diagnoses of cervical spine injury with subsequent cervical fusion, myelopathy secondary to cervical spine injury, degenerative arthritis of the cervical facet joints, myofasciitis, psychological overlay, disability secondary to cervical spine injury, and intrathecal infusion system. The injured worker's past medical treatment includes physical therapy, electric stimulation, epidural injections and pain medication therapy. The injured worker's surgical history includes drainage of a neck abscess in 05/2005, cervical disc replacement in 2007, and a pain pump placement in 2009. The injured worker complained of complex, severe multifunctional pain involving her cervical spine with headaches. There was no measurable pain levels documented in submitted report. Physical examination dated 07/02/2014 revealed that the injured worker's cervical spine had reversal of normal curvature with moderate to severe tension and pain from sub occipital region, paravertebral, down to the trapezius and scapular area. The injured worker had decreased range of motion secondary to pain past 30 degrees of flexion and 10 degrees of extension as well as any lateral rotation. The injured worker had pain with manipulation of her shoulders, as well as both upper extremities. She had some hypersensitivity in her upper extremities that did not follow dermatomal distribution in the upper extremity. The injured worker's medications include Lyrica 75 mg 50 mg 4 times a day, Xanax 0.5 mg 2 times a day, Restoril 30 mg before bed, Prilosec 20 mg every day, Phenergan 25 mg tablet to 1 tablet daily, Soma 350 mg 2 every other day, Valium 5 mg 2 times a day, and Zanaflex 4 mg 4 times a day. The treatment plan for the injured worker is to see a pain psychologist for 20 sessions. The rationale was not submitted for review. The request for authorization form was submitted on 05/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Psychologist sessions, #20 (twenty): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complained of complex, severe multifunctional pain involving her cervical spine with headaches. There was no measurable pain levels documented in submitted report. The California Medical Treatment Utilization Schedule (MTUS) state that identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Guidelines stipulate that 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 and with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). The submitted report lacked any quantified evidence of physical and/or medication treatment the injured worker had been having. The submitted report also lacked efficacy of the medications. As there was evidence of objective functional deficits to the injured worker's lower back, the submitted request is for 20 visits. Guidelines recommend an initial trial of 3-4 visits over 2 weeks. As such, the request for pain psychologist sessions 20 times is not medically necessary.