

Case Number:	CM14-0189561		
Date Assigned:	11/20/2014	Date of Injury:	02/07/2005
Decision Date:	01/08/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	11/12/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine 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 who was injured at work on 02/07/2005. He is reported to be complaining of 9/10 neck pain following ACDF surgery at C4-C5 and C5-C6 IN 10/2014; 8/10 low back pain that radiates down his extremities. The back pain is associated with frequent falls since he had NCV/EMG in 06/27/ 2014, and as a result he has been confined to the wheelchair. The physical examination revealed limited range of movement of the low back, pain on palpation, muscular rigidity, positive straight leg test bilaterally, decreased sensations in the left S1 and L5 areas. The neck examination was positive for limited range of motion, tenderness to touch, muscle rigidity, facet loading, slight weakness of the left upper extremity, and decreased sensations in the left lateral arm and forearm. The worker has been diagnosed of Cervical myoligamentous injury with 3-4 mm disc protrusion, bilateral upper extremity radiculopathy, right gerater than left; Lumbar sprain/strain; bilateral lower extremity radiculopathy, medication induced gastritis; Status Post ACDF C4-5 and C5-6 . Treatments have included Neck surgery, Lumbar Epidural steroid injection, Trigger point injections, physical therapy, Cognitive Behavioral therapy, Norco, Flexeril, Anaprox, Prilosec, Prozac and Topamax. At dispute are the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 ADDITIONAL COGNITIVE BEHAVIORAL PSYCHO-THERAPY SESSIONS FOR ONGOING DEPRESSION AND ANXIETY: Upheld

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

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

Decision rationale: The injured worker sustained a work related injury on 02/07/2005. The medical records provided indicate the diagnosis of Cervical myoligamentous injury with 3-4 mm disc protrusion, bilateral upper extremity radiculopathy, right greater than left; Lumbar sprain/strain; bilateral lower extremity radiculopathy, medication induced gastritis; Status Post ACDF C4-5 and C5-6. Treatments have included Neck surgery, Lumbar Epidural steroid injection, Trigger point injections, physical therapy, Cognitive Behavioral therapy, Norco, Flexeril, Anaprox, Prilosec, Prozac and Topamax. The medical records provided for review do not indicate a medical necessity for 10 additional cognitive behavioral psycho-therapy sessions for ongoing depression and anxiety. The injured worker is reported to have received an unspecified number of sessions till 2012, but there was no reported evidence of benefit or lack of benefit. The records indicate this request has been denied on several occasions since 02/2014, and between that time and now there have been no specific changes in the injured workers psychological state that would change the outcome. The MTUS recommends initial 3-4 visits over 3-4 weeks, and to continue for a total of 6-10 visits over 5-6 weeks if there is evidence of objective functional improvement in the initial phase. The records indicate there is no medical necessity for 10 additional cognitive behavioral psycho-therapy sessions for ongoing depression and anxiety. Since the maximum allowed by MTUS is 10, and the injured worker has had an unspecified number in the past.