

<b>Case Number:</b>	CM14-0205148		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	01/10/2005
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	11/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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 56 year old female who was injured at work on 01/ 10/2005. She was being treated by a neurologist and a pain management specialist until about the end 08/2014 when the neurologist retired and transferred care to the pain management specialist. In a subsequent follow up with the pain management specialist, the specialist noted she reported she missed her appointments with specialist due to intense pain and difficulty getting out of her house. She was noted to have recently made Emergency Room visit due to severe headache. The records indicate she misuses medications, and she was at that time taking Xanax and Clonazepam for depression and anxiety respectively. The physical examination revealed significant spasms with pain of the cervical spine into the occipitals and trapezius, limited range of motion of the neck, and positive cervical compression tests; tightness of the muscle bands of the lumbar paraspinal muscles, decreased range of motion, and negative straight leg raise. The worker has been diagnosed of Lumbar disc syndrome per MRI with annular fissure, Lumbar radiculopathy L5 impingement, post contusive syndrome with severe headaches and mood disorders, history of myocardial infarction with placement of three stents in 2003. Treatments have included meloxicam, Xanax, mentherm, Tylenol 3, Zofran, Plavix, Simvastation, Levothyroxine, Cymbalta, Venlafaxine, pantoprazole, and Soma. She was given a referral to a neurologist, neuropsychiatrist, and psychologist for cognitive behavioral therapy. She was also given prescribed Botox. 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:

**Neuropsychiatrist Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation California Medical Treatment Utilization Schedule (MTUS), 2009, American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition (2007), Chapter 7, page 127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 15 Stress Related Conditions Page(s): 87; 398.

**Decision rationale:** The injured worker sustained a work related injury on 01/ 10/2005. The medical records provided indicate the diagnosis of lumbar disc syndrome per MRI with annular fissure, lumbar radiculopathy L5 impingement, post contusive syndrome with severe headaches and mood disorders, and history of myocardial infarction with placement of three stents in 2003. Treatments have included meloxicam, Xanax, mentherm, Tylenol 3, Zofran, Plavix, Simvastation, Levothyroxine, Cymbalta, Venlafaxine, pantoprazole, and Soma. The medical records provided for review do not indicate a medical necessity for Neuropsychiatrist consult. The MTUS recommends referring to either psychologist or psychiatrist. More specifically the MTUS recommends referring issues related to work stress and person-job fit to psychologist or other mental health professional, but to refer more serious conditions to psychiatrists. Therefore, this request is not medically necessary.

**Botox injections:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox ; Myobloc ) Page(s): 25-26.

**Decision rationale:** The injured worker sustained a work related injury on 01/ 10/2005. The medical records provided indicate the diagnosis of lumbar disc syndrome per MRI with annular fissure, Lumbar radiculopathy L5 impingement, post contusive syndrome with severe headaches and mood disorders, and history of myocardial infarction with placement of three stents in 2003. Treatments have included meloxicam, Xanax, mentherm, Tylenol 3, Zofran, Plavix, Simvastation, Levothyroxine, Cymbalta, Venlafaxine, pantoprazole, and Soma. The medical records provided for review do not indicate a medical necessity for Botox. The MTUS recommends against the use of Botox for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. Therefore, this request is not medically necessary.

**Psychologist consultation and cognitive behavioral therapy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 87; 398.

**Decision rationale:** The injured worker sustained a work related injury on 01/ 10/2005. The medical records provided indicate the diagnosis of lumbar disc syndrome per MRI with annular fissure, lumbar radiculopathy L5 impingement, post contusive syndrome with severe headaches and mood disorders, and history of myocardial infarction with placement of three stents in 2003. Treatments have included meloxicam, Xanax, menthoderm, Tylenol 3, Zofran, Plavix, Simvaststion, Levothyroxine, Cymbalta, Venlfaxine, pantoprazole, and Soma. The medical records provided for review do not indicate a medical necessity for psychologist consultation and cognitive behavioral therapy. The MTUS recommends referral to either a psychologist or a psychiatrist. More specifically the MTUS recommends referring issues related to work stress and person-job fit to psychologist or other mental health professional, but to refer more serious conditions to psychiatrists. Therefore, this request is not medically necessary.