

Case Number:	CM15-0002252		
Date Assigned:	01/13/2015	Date of Injury:	12/23/2009
Decision Date:	04/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female, who sustained an industrial injury on 12/23/2009. She has reported neck and low back pain. The diagnoses have included lumbar spine myoligamentous with facet arthropathy, discopathy and bilateral lower extremity radiculopathy, cervical spine myoligamentous with facet arthropathy, discopathy and left upper extremity radiculopathy, status post left rotator cuff repair, reactionary depression and anxiety, status post MVA (12/31/2012) with exacerbation of neck and low back pain, and medication induced gastritis. Treatment to date has included physical therapy, medications, trigger point injections, left rotator cuff repair, diagnostic testing and imaging, conservative treatments, and home stretching exercises. Currently, the IW complains of continued and ongoing neck pain with associated cervicogenic headaches and radiculopathic symptoms to both upper extremities, low back pain, anxiety and depressed mood. Severity of pain was rated at 6/10 with current medications. A cervical provocative discogram was completed on 12/12/2013 which revealed unequivocally positive at C4-C5. Other diagnostic testing included a MRI of the cervical spine (06/17/2013) which revealed multilevel degenerative changes, mild central canal stenosis at the C5-C6 level, multilevel neural foraminal narrowing, and some noted degenerative changes in the T2-T3 level. The IW also received 4 trigger point injections (11/06/2014) which resulted in greater than 50% pain relief and increased range of motion. Although the IW had been treated with NSAIDs and muscle relaxant medications, these had failed to provide adequate relief from chronic pain symptoms. On 12/05/2014, Utilization Review modified a request for 10 individual cognitive behavioral therapy sessions to the approval of 4 individual cognitive behavioral

therapy sessions, noting the modification of quantity based on the recommended number of trial sessions. The MTUS was cited. On 12/05/2014, Utilization Review non-certified a request for cervical fusion at C4-C5, C5-C6 and C6-C7, noting the absence of a new MRI and comprehensive conservative care with psychosocial clearance prior to surgical intervention. The ODG was cited. On 01/06/2015, the injured worker submitted an application for IMR for review of 10 individual cognitive behavioral therapy sessions, and cervical fusion at C4-C5, C5-C6 and C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Individual cognitive behavior therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The injured worker has a history of chronic neck pain and is being treated for the diagnosis of cervical facet arthropathy and left cervical radiculopathy. She has also been diagnosed with pain related depression and anxiety. Records indicate a plan for psychological evaluation by [REDACTED]. Evaluation is not available for review. Indication for 10 cognitive behavioral therapy sessions cannot be adequately assessed and is therefore not medically necessary.

Cervical fusion at C4-5, C5-6, & C6-7: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Surgical Considerations, pp. 179-183. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Occupational Disorders of the Neck and Upper Back, Fusion, anterior cervical.

Decision rationale: The injured worker history of chronic neck pain is being treated for the diagnosis of cervical facet arthropathy and left cervical radiculopathy. She has also been diagnosed with pain related depression and anxiety. Multilevel degenerative broad-based disc herniations are noted in the cervical spine and associated facet arthropathy from C4-T1 according to cervical MRI dated 12/16/14. Cervical discogram performed on 12/12/13 revealed unequivocal positive findings at C4-5. Electrodiagnostic testing performed on 4/12/12 indicated evidence of left cervical radiculopathy. Request has been made for multilevel cervical fusion and 10 cognitive behavioral therapy sessions. MTUS guidelines indicate that before consideration of cervical surgical fusion, careful preoperative education and evidence of failed conservative treatment with evidence of physiologic nerve root compromise is necessary for recommendation

of cervical fusion. In the case of this injured worker, nerve root compromise is noted at C7 by way of electrodiagnostic testing and pinwheel testing. According to ODG guidelines, when there is a request for multi-level cervical fusion each level is subject to criteria. Furthermore, adequate demonstration of 8 weeks of conservative therapy needs to be documented which includes neuropathic pain medication, oral steroids and facet or epidural injections, physical therapy with documented participation in a formal active physical therapy program of which are not adequately documented in the medical records. Request for multilevel cervical fusion is therefore not medically necessary.