

<b>Case Number:</b>	CM15-0006754		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	01/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 48-year-old female who reported injury on 03/12/2009. The mechanism of injury was a student grabbed the injured worker's arms and pulled her forward and thrust her against the wall. Diagnosis included left sided headache, cervicgia, left shoulder impingement, lumbar facet pain and rotator cuff syndrome NOS. The prior treatments included lumbar epidural steroid injections, medications, physical therapy, cortisone injections, psychological evaluation, diagnostics, and left shoulder arthroscopy with subacromial decompression. The documentation of 12/23/2014 revealed the current medications included Ultram 50 mg 1 tablet prn and Skelaxin 800 mg prn for muscle spasms. The injured worker was noted to see a psychologist on 09/09/2014, and there was a request made 12 cognitive behavioral therapies and a referral to a psychiatrist due to ongoing depression and anxiety over chronic pain. The injured worker indicated her low back pain had been doing well; however, it increased, especially with recent cold weather and episodes of spasms. The physical examination revealed light muscle spasms in the lumbar paraspinal musculature, greater on the left than right. Range of motion was full in extension with some pulling in flexion. The treatment plan included cognitive behavioral therapy sessions, a psychiatric consultation, and Ultram 50 mg 1 po q day prn #30 and Skelaxin 800 mg 1 to 3 tablets daily for acute muscle spasms, not to be taken daily #30. There was a Request for Authorization submitted for review dated 12/23/2014. The initial psychological consultation, dated 09/09/2014, was included in the documentation. The injured worker was noted to score a 19 on the Beck Depression Inventory Scale and 9 on the Beck Anxiety Inventory Scale. Depression Inventory was noted to be significant for depression. The Beck Anxiety

Inventory Scale was mild to moderate, but there were subclinical symptoms of anxiety, per the physician documentation.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cognitive behavioral therapy x 12 sessions:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate that behavioral interventions are recommended for an initial trial of cognitive behavioral therapy for 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits is appropriate. The clinical documentation submitted for review indicated the injured worker had a necessity for cognitive behavioral therapy. However, the request for 12 sessions is excessive and would not allow re-evaluation. The guidelines recommend 3 to 4 sessions of psychotherapy over 2 weeks. There was lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. Given the above, the request for cognitive behavioral therapy x12 sessions is not medically necessary.

**Skelaxin 800mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit, as it was indicated the injured worker continued to have muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Skelaxin 800 mg #30 is not medically necessary.