MAXIMUS Federal Services

Case Number:	CM15-0142382		
Date Assigned:	08/03/2015	Date of Injury:	06/21/2008
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/22/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic pain syndrome, chronic neck pain, myofascial pain syndrome, and shoulder pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of June 21, 2008. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for six sessions of cognitive behavioral therapy and thoracic MRI imaging. The claims administrator contended that the applicant had failed to profit with four recent cognitive behavioral therapy treatments. The claims administrator referenced a June 16, 2015 progress note in its determination. On said June 16, 2015 progress note, it was acknowledged that the applicant was not, in fact, working. 6-8/10 pain complaints without medications versus 4-5/10 with medications were reported. The applicant was using Nucynta, Remeron, Motrin, and Prilosec, it was reported in one section of the note. In another section of the note, it was stated that the applicant was on Tegretol, Nucynta, Elavil, Colace, Prilosec, Toprol, Depakote, Motrin, Remeron, Wellbutrin, and aspirin, it was stated. 5/5 bilateral upper extremity strength was appreciated, with the exception of 5-/5 strength about the right hand grip strength musculature. Decreased cervical and thoracic range of motion was appreciated. Additional cognitive behavioral therapy was sought while multiple medications, including Nucynta were renewed. The applicant was given an extremely proscriptive 5-pound lifting limitation. It was acknowledged that the applicant was not working with said limitation in place. The attending provider stated that thoracic MRI imaging was being ordered to evaluate for a

possible discogenic and/or facetogenic etiology of the applicant's thoracic spine complaints. In an earlier note dated May 18, 2015, it was again acknowledged that the applicant was not working. The same, unchanged, 5-pound lifting limitation was renewed on this date. The applicant was described as having various depressive and chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400; 405, Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: No, the request for six sessions of cognitive behavioral therapy was not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend behavioral intervention/cognitive behavioral therapy for chronic pain, as was present here, and while the MTUS Guideline in ACOEM Chapter 15, page 400 acknowledges that cognitive therapy for depression can be problem focused or emotion focused, both recommendations are qualified by commentary made on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a total of six sessions of cognitive behavioral therapy can be employed for chronic pain with evidence of objective functional improvement and also by commentary made in the MTUS Guideline ACOEM Chapter 15, page 405 that an applicant's failure to improve may be due to incorrect diagnosis, unrecognized medical or psychological condition, or unrecognized psychosocial stressors. Here, the applicant was off of work, it was acknowledged on June 16, 2015. An extremely proscriptive 5-pound lifting limitation was renewed on that date. The applicant remained dependent on a variety of analgesic and psychotropic medications, it was acknowledged, including Abilify, Remeron, Wellbutrin, Elavil, Nucynta, etc. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, walking, bending, and lifting, it was reported on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of unspecified amounts of cognitive behavioral therapy over the course of the claim, including four recent treatments. It did not appear that the four-recent cognitive behavioral therapy treatments had proven particularly beneficial, either from a chronic pain standpoint or from a depressive standpoint. Therefore, the request was not medically necessary.

Thoracic spine MRI: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Lumbar & Thoracic, MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

Decision rationale: Similarly, the request for thoracic MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 182 does recommend MRI or CT imaging of the neck and/or upper back to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure, here, however, the attending provider reported on June 16, 2015 that he was ordering thoracic MRI imaging to evaluate for a diskogenic or facetogenic etiology for the applicant's pain complaints. The attending provider, thus, did not suspect any bona fide nerve root compromise referable to the thoracic spine. The attending provider was a pain management physician (as opposed to a spine surgeon), significantly reducing the likelihood of the applicant's acting on the results of the study in question and/or go on to consider surgical intervention based on the outcome of the same. The attending provider's documentation of June 16, 2015, replete with discussion of multiple pain generators, did not, moreover, establish the presence of nerve root compromise emanating from the thoracic spine. Therefore, the request was not medically necessary.