

Case Number:	CM15-0147641		
Date Assigned:	08/11/2015	Date of Injury:	05/30/2012
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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: Psychologist

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 female who sustained an industrial injury on 05-30-2012. No acute mechanism of injury was documented. The injured worker was diagnosed with chronic pain syndrome, cervical spondylosis, post laminectomy syndrome, cervical brachial myofascial pain syndrome, sleep disorder, depression and anxiety. The injured worker is status post C5-6 anterior cervical decompression and interbody fusion in September 2014 and C6-7 surgery in July 2013. Treatment to date has included diagnostic testing, surgery, physical therapy, epidural steroid injection, stimulation unit and medications. According to the treating physician's progress report on July 13, 2015, the injured worker continues to experience neck, bilateral upper and lower extremity pain rated as 10 out of 10 on the pain scale without medications and 8 out of 10 with medications. Examination of the cervical spine demonstrated normal lordosis with diffuse tenderness, right side greater than left side, with decreased range of motion by approximately 50% without evidence of deficit in strength or stability. The right side of the head was also noted to be tender. The upper extremities were without any focal atrophy or localized tenderness with motor strength, range of motion, pulses and deep tendon reflexes intact. Sensation was documented as decreased in the upper extremities diffusely, otherwise sensation was intact to light touch and pinprick in the bilateral upper extremities. Bilateral nerve compression test, Tinel's and Phalen's were negative with positive hyper-abduction bilaterally. The lumbar spine demonstrated no tenderness in the lumbar pelvic region with full range of motion and without evidence of deficits. Gait was normal. Mood was congruent with the physical condition with normal affect. [REDACTED] questionnaire was conducted with the injured worker's overall score

of 80%. Fear Avoidance Belief Questionnaire (FABQ) was also noted to be elevated. Current medications are listed as Percocet 10mg-325mg, Flexeril, Baclofen, Cymbalta and Valium 5mg. Treatment plan consists of continuing medication regimen, dietary, exercise and sleep discussion and handouts and the current request for cognitive behavioral therapy (CBT) evaluation and 4 follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient cognitive behavioral therapy evaluation and four (4) follow ups: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127 and on the Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations; Behavioral Interventions Page(s): 100-101; 23.

Decision rationale: Based on the review of the medical records, the injured worker had been receiving treatment from physician, [REDACTED]. In the 12/19/14 as well as the 1/20/15 PR-2 reports, [REDACTED] recommended a psychological evaluation and follow-up CBT therapy. It appears that this request was authorized in the [REDACTED] dated 2/25/15. It does not appear that the injured worker followed-up on this authorization, as there are no psychological records included for review. The injured worker is now being treated by [REDACTED], who also recommended psychological services for which the request under review is based. Unfortunately, because the injured worker has already received authorization for a psychological evaluation, the request under review is unnecessary. Additionally, without having a thorough evaluation already completed, the request for follow-up psychotherapy sessions is premature. As a result, the request for an outpatient cognitive behavioral therapy evaluation and 4 follow-up visits is not medically necessary.