

<b>Case Number:</b>	CM15-0161109		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	03/24/2015
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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 56-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of posttraumatic stress disorder and traumatic brain injury reportedly associated with an industrial injury of March 24, 2015. In a Utilization Review report dated August 3, 2015, the claims administrator partially approve six sessions of cognitive behavioral therapy as four sessions of same while denying cervical medial branch blocks outright. A July 8, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On June 25, 2015, the applicant reported ongoing complaints of neck and shoulder pain with associated anxiety, stress, and dizziness. The applicant was asked to pursue electrodiagnostic testing and transfer care to pain management physician. The applicant's work status was not reported. On July 8, 2015, the applicant's psychologist reported that the applicant had issues with posttraumatic stress disorder, mood disturbance, sleep disturbance, depression, and cognitive inference. On April 7, 2015, cervical MRI, an orthopedic shoulder surgery consultation, and a referral to a psychologist were endorsed. On March 5, 2015, the applicant underwent a left L5-S1 hemilaminectomy-microdiscectomy procedure. In a work status report dated June 23, 2015, the applicant was placed off of work, on total temporary disability. Cervical MRI imaging dated April 26, 2015 was notable for multilevel disk degeneration, disk bulging, and neuroforaminal and spinal stenosis, including at C4-C5, C5-C6, and C6-C7 levels. On May 6, 2015, the applicant's psychologist reported that the applicant had ongoing issues of posttraumatic stress disorder and adjustment disorder resulting in a Global Assessment of Functioning (GAF) of 45.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Medial Branch Block C2-C3, C3-C4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** No, the request for a multilevel cervical medial branch block was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, diagnostic blocks such as the medial branch blocks at issue are deemed "not recommended." Here, documentation on file failed to furnish a clear or compelling rationale for pursuit of medial branch blocks in the face of the (A) unfavorable ACOEM position on the same and (B) the applicant's having ongoing complaints of neck pain radiating into the right arm on June 23, 2015. It did not appear, thus, that the applicant had bona fide facetogenic neck pain for which the medial branch blocks at issue could be considered. Therefore, the request was not medically necessary.

### **Cognitive Behavioral Therapy x6 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, Failure, and Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

**Decision rationale:** Similarly, the request for six sessions of cognitive behavioral therapy was likewise not medically necessary, medically appropriate, or indicated here. While page 23 of the MTUS Chronic Pain Medical Treatment Guideline does recommend behavioral interventions in the chronic pain context present here and while page 400 of the ACOEM Practice Guidelines acknowledge that cognitive therapy can be problem focused or emotion focused to help alter an applicant's perception of and/or response to stress, both positions are, however, qualified by commentary made on page 23 of the ACOEM Practice Guidelines to the effect that psychotherapy should initially be delivered via a 3-4 session trial and by commentary made on page 405 of the ACOEM Practice Guidelines to the effect that an applicant's failure to improve may be due to incorrect diagnoses, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. Here, the applicant's response to earlier psychotherapy (if any) was not clearly detailed, described, or characterized. The applicant was, however, off of work, on total temporary disability, as of June 23, 2015 and was reporting ongoing issues of anxiety and stress as of that point in time. A July 8, 2015 psychology note also suggested that the applicant had ongoing issues with anxiety, depression, psychological stress, and the like still present as of that point in time. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of psychotherapy/cognitive behavioral therapy over the course of the claim. Therefore, the request for additional cognitive behavioral therapy was not medically necessary.