

<b>Case Number:</b>	CM15-0169634		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	04/03/1991
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 59 year old male, who sustained an industrial-work injury on 4-3-91. A review of the medical records indicates that the injured worker is undergoing treatment for lumbago, cervicalgia, lumbar radiculopathy, cervical radiculopathy, insomnia and pain related anxiety. Medical records dated (2-20-15 to 6-24-15) indicate that the injured worker complains of chronic persistent neck and low back pain. The pain is rated 8 out of 10 on pain scale without medications and 5-6 out of 10 after taking medications. The physical exam dated 6-24-15 reveals mild atrophy in the right quadriceps; right knee tenderness to palpation at joint line and injured worker was guarded on exam. It is noted that he had lost his wife and has a history of non-Hodgkin's lymphoma in remission. There are no other significant findings related to depression or anxiety. Treatment to date has included pain medication, activity modifications, diagnostics and other modalities. The original Utilization review dated 7-30-15 denied a request for Neuropsychology Evaluation as based on the guidelines, there is no medical necessity after 24 years.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Neuropsychology Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Stress-Related Conditions 2004, and Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment.

**Decision rationale:** The California chronic pain medical treatment guidelines section on psychological treatment states: Recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post-traumatic stress disorder). Cognitive behavioral therapy and selfregulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short- term effect on pain interference and long-term effect on return to work. The following stepped- care approach to pain management that involves psychological intervention has been suggested: Step 1: Identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. Step 3: Pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. See also Multi-disciplinary pain programs. See also ODG Cognitive Behavioral Therapy (CBT) Guidelines. (Otis, 2006) (Townsend, 2006) (Kerns, 2005) (Flor, 1992) (Morley, 1999) (Ostelo, 2005) Psychological treatment in particular cognitive behavioral therapy has been found to be particularly effective in the treatment of chronic pain. As this patient has continued ongoing pain, this service is indicated per the California MTUS and thus is medically necessary.