

Case Number:	CM15-0202979		
Date Assigned:	10/19/2015	Date of Injury:	07/24/2011
Decision Date:	12/04/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/15/2015

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, Hawaii
 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 45 year old female, who sustained an industrial injury on 07-24-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for right shoulder pain with rotator cuff tendinitis, cervical strain, cervical degenerative disc disease, multiple herniated disc in the cervical spine, neuropathic pain or radiculitis in the right upper extremity, headaches, right elbow pain, bilateral knee pain, post-traumatic stress disorder, and depression. Medical records (02-06-2015 to 09-04-2015) indicate ongoing neck pain and right shoulder pain and intermittent numbness and tingling sensations in the right arm with various positions. Pain levels were rated 6-7 out of 10 in severity on a visual analog scale (VAS). Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW remains permanent and stationary. The physical exam, dated 09-04-2015, revealed decreased reflexes in the bilateral triceps and biceps, decreased sensation in the right upper extremity, slightly decreased motors strength in the right triceps and biceps, restricted range of motion (ROM) in the cervical spine, and tenderness to palpation along the C7 spinous process with radiation down the bilateral arms. Relevant treatments have included: physical therapy (PT), acupuncture with some benefit, work restrictions, and pain medications. A MRI of the cervical spine (2011) was available for review and showed slight reversal of the cervical curvature, multilevel disc desiccation, multilevel disc protrusions with a diffuse disc protrusion at C6-7 with an osteophytic complex with effacement of the thecal sac and left neuroforaminal stenosis involving the left C7 exciting nerve root. The request for authorization (08-03-2015) shows that the following services were requested: cervical epidural

steroid injection at C7-T1, and cognitive behavioral therapy with a psychologist for post-traumatic stress disorder. The original utilization review (09-28-2015) non-certified the request for cervical epidural steroid injection at C7-T1, and cognitive behavioral therapy with a psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cervical Epidural Steroid Injection at C7-T1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Epidural steroid injections (ESIs).

Decision rationale: The patient presents with ongoing neck and right shoulder pain with intermittent numbness and tingling sensations in the right arm with various positions. The current request is for Cervical Epidural Steroid Injection at C7-T1. The treating physician states, in a report dated 09/04/15, Pain Intervention: I am requesting a pain intervention for a C7-T1 interlaminar epidural steroid injection. The patient has had greater than 75% relief in the past for greater than three months. (15C) The MTUS guidelines recommend this as an option for treatment of radicular pain as defined by pain in a dermatomal distribution with corroborative findings in an MRI. In addition, MTUS also states, "there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular cervical pain." In this case, the treating physician, based on the records available for review, states Palpation: Tender to palpitation along C7 spinous process with radiation down bilateral arms, right greater than left. An MRI dated 10/02/2011 notes C7-T1: There is no significant disc herniation, spinal canal stenosis, or neural foraminal narrowing visualized. Exiting nerve root is unremarkable. (183B). Nonetheless, the treating physician has diagnosed cervical radicular pain and the patient has experienced greater than 75% improvement greater than three months with the past two ESIs at the C7/T1 level. The current request is medically necessary.

Cognitive Behavioral Therapy with a Psychologist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions, Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: The patient presents with ongoing neck and right shoulder pain with intermittent numbness and tingling sensations in the right arm with various positions. The current request is for Cognitive Behavioral Therapy with a Psychologist. The treating physician states, in a report dated 09/04/15, Psychology Referral: I am asking for psychotherapy for cognitive behavioral therapy for her posttraumatic stress disorder. (15C) MTUS guidelines address CBT

only from the standpoint of pain management. This patient has been diagnosed with Post Traumatic Stress Disorder so ODG guidelines have been used. Those guidelines state, In cases of severe Major Depression or PTSD, up to 50 sessions if progress is being made. In this case, the treating physician, based on the records available for review, notes the patient has been in psychotherapy since at least 10/24/14. However, no sign of functional improvement is noted in any of the reports from 2014 until the current request. In addition, the current request is open-ended. Without knowing how many CBT sessions have been conducted, and how many the treating physician wishes to continue scheduling, the current request is not medically necessary.