

Case Number:	CM15-0205854		
Date Assigned:	10/22/2015	Date of Injury:	10/22/2014
Decision Date:	12/03/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male, who sustained an industrial injury on 10-22-2014. The injured worker is currently off duty. Medical records indicated that the injured worker is undergoing treatment for closed head injury, facial contusion, dental fracture, vertigo, hearing loss, visual acuity deficit, memory impairment, right shoulder sprain-strain, and left elbow foreign body. Treatment and diagnostics to date has included left upper extremity MRI, physical therapy, home exercise program, and medications. Recent medications have included Tylenol #3 (since at least 04-07-2015) and Diclofenac. Subjective data (08-12-2015 and 09-14-2015), included headaches (rated 8 out of 10), dizziness, and nausea. Objective findings (09-14-2015) included "mild" occipital nuchal tenderness to palpation and tenderness to palpation to right upper extremity. The request for authorization dated 09-14-2015 requested neuropsychological testing for baseline measurements, cognitive behavioral therapy x 9 visits, and 2 prescriptions of Tylenol 300-30mg #30 1 by mouth twice a day as needed for pain. The Utilization Review with a decision date of 10-05-2015 denied the request for cognitive behavioral therapy x 9 visits and Tylenol 300-30mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x9 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter: Cognitive therapy.

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

Decision rationale: Cognitive behavioral therapy x 9 visits is not medically necessary. Per CA MTUS, Cognitive Behavioral Therapy is not recommended as a stand-alone treatment; but is recommended as an option in a biofeedback program to facilitate exercise therapy and return to activity. There is fairly good evidence that CBT helps in back muscle strengthening, but evidence is insufficient to demonstrate the effectiveness of CBT for treatment of chronic pain. CBT may be approved if it facilitates entry into a Biofeedback treatment program, where there is strong evidence of success. The medical records lack documentation of participation in program of biofeedback program or support the need for adjuvant CBT; therefore the requested service is not medically necessary.

Tylenol 300/30mg, #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs, opioids.

Decision rationale: Tylenol 300/30 mg, #30 with 1 refill is not medically necessary. Tylenol #3 contains the natural opioid codeine. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if: (a) there are no overall improvement in function, unless there are extenuating circumstances; (b) continuing pain with evidence of intolerable adverse effects; (c) decrease in functioning; (d) resolution of pain; (e) if serious non-adherence is occurring; (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. The claimant has long-term use with this medication and there was a lack of improved function with this opioid; therefore requested medication is not medically necessary.