MAXIMUS Federal Services

Case Number:	CM15-0024911		
Date Assigned:	02/17/2015	Date of Injury:	10/18/2010
Decision Date:	03/26/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/09/2015

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: Ohio, North Carolina, Virginia
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 48 year old female, who sustained an industrial injury on 10/18/2010. The current diagnoses are cervicalgia, cervical radiculopathy, cervical disc protrusion, cervical facet dysfunction, headaches, and insomnia. Currently, the injured worker complains of severe neck pain that radiates into her right arm and low back. Additionally, she reports excessive headaches and migraines. The physical examination of the cervical spine revealed tenderness to palpation over the paraspinal musculature, upper trapezius, and scapular border. There was also tenderness to palpation over the bilateral shoulders with positive O'Brien test. Treatment to date has included medications, cervical traction unit, and home exercise program. MRI of the cervical spine on 4/4/2011 and 6/6/2011 showed less than a 1 millimeter central disc protrusion at C4-C5 with possible underlying annular tear, 1 millimeter central disc protrusion at C5-C6, 1 millimeter left paracentral disc protrusion at C6-C7, and 1 millimeter central disc protrusion at C7-T1. The treating physician is requesting referral to psych for cognitive behavioral therapy evaluation and treatment and evaluation of insomnia in finding a medication for insomnia, which is now under review. On 1/22/2015, Utilization Review had non-certified a request for referral to psych for cognitive behavioral therapy evaluation and treatment and evaluation of insomnia in finding a medication for insomnia. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to psych for cognitive behavioral therapy evaluation and treatment and evaluation of insomnia in finding a medication for insomnia: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic), Behavioral Interventions section

Decision rationale: . Psychosocial variables have a potential role in delayed recovery and chronic pain. Risk Factors for delayed recovery include catastrophic thinking, fear-avoidance, and perceived injustice. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). In this instance, the requested services are actually 2 requests in one. The request for a psychiatric evaluation has been certified and was set to occur on 1-14-2015. That should allow for determination of the source of the insomnia and suggestions for treatment. Secondly, cognitive behavioral therapy evaluation is requested. This service ordinarily does not involve suggestions for insomnia medication. Psychosocial variables have a potential role in delayed recovery and chronic pain. Risk Factors for delayed recovery include catastrophic thinking, fear-avoidance, and perceived injustice. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. Several recent reviews support the assertion of efficacy of cognitive-behavioral therapy (CBT) in the treatment of pain, especially chronic back pain (CBP). Therefore, the second portion of the request, cognitive behavioral evaluation, is supported by the guidelines as the injured worker certainly has delayed recovery. The psychiatric referral for potential medication assessment has already been certified.