

Case Number:	CM15-0029495		
Date Assigned:	02/23/2015	Date of Injury:	09/22/2013
Decision Date:	04/02/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 62 year old male who sustained an industrial injury to the left neck and arm on September 22, 2013. The injured worker was diagnosed with brachial neuritis/radiculitis and cervical spinal stenosis with left upper extremity radiculopathy. The injured worker underwent right carpal tunnel release on October 2, 2014. The patient has a history of an aortic valve replacement in 2003. Treatment modalities consisting of physical therapy, 2 cervical epidural steroid injections (ESI) and medication have not been effective for neck pain. According to the primary treating physician's progress report on January 30, 2014 the injured worker is scheduled for a two level anterior cervical decompression fusion on February 19, 2014. Current medications were not listed. The treating physician requested authorization for Cognitive Behavioral Therapy (CBT) times 6 sessions prior to spine surgery to prevent fear avoidant behavior from interfering with the injured worker's full recovery as well as an opportunity to review surgical choices and understand the risks involved. On February 3, 2015 the Utilization Review denied certification for Cognitive Behavioral Therapy (CBT) times 6 sessions. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x6 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychology, CBT Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Behavioral Interventions.

Decision rationale: Regarding the request for psychological consultation, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. Within the documentation available for review, there has not been a psychological evaluation initially completed. Typically, the consulting psychologist would recommend addition sessions of CBT as necessitated. This recommendation should also be within guidelines which specify up to 4 initial visits per ODG. Given that the request is in excess of this, the request x6 is not medically necessary.