

<b>Case Number:</b>	CM15-0212575		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Massachusetts

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:

This is a 60 year old male who sustained a work-related injury on 4-29-13. Medical record documentation on 9-14-15 revealed the injured worker was being treated for cervical spondylosis, cervical spine surgery and chronic pain. He reported bilateral cervical pain and rated his pain a 4 on a 10-point scale with medications and a 10 on a 10-point scale without medications. Previous treatment which was unsuccessful included NSAIDS, more than five sessions of physical therapy, cervical spine surgical intervention, and Morphine Sulfate IR. The injured worker's medication regimen included Norco 10-325 mg and Metformin Hcl 1000 mg. Objective findings included a normal cervical spine range of motion. The injured worker had no pain with cervical spine range of motion testing and no trigger points identified with palpation. There was no abnormality with neurological testing or sensory testing. The injured worker had no tenderness to palpation over the lumbar paraspinal muscles, the thoracic paraspinal muscles or the sacroiliac joints and had tenderness to palpation over the facet joints. On 9-21-15 the injured worker's cervical spine range of motion included flexion at 15 degrees, extension at 20 degrees, bilateral rotation at 65 degrees and bilateral lateral flexion to 20 degrees. He had pain with cervical spine range of motion testing. His neurological examination and sensory examination was within normal limits and he had no palpable trigger points. He had no tenderness to palpation over the biceps tendon, supraspinatus tendon, the acromioclavicular joint or the trapezius. A request for x-ray of the cervical spine including flexion-extension and for six sessions of behavioral health with LCW was received on 9-21-15. On 9-28-15, the Utilization Review physician determined x-ray of the cervical spine including flexion-extension was not

medically necessary and modified a request for six sessions of behavioral health with LCW to 3 sessions.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Behavioral health 6 sessions: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Behavioral Therapy (CBT) guidelines for chronic pain.

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

**Decision rationale:** The claimant sustained a work injury in April 2013 when he felt a pop in his neck while bending rebar. He has a history of a multilevel cervical spine fusion in September 2013. When seen in September 2015 he was having bilateral cervical pain. Medications were decreasing pain from 10/10 to 4/10. Prior treatments had included physical therapy without pain relief. Physical examination findings included a body mass index of over 32. There was normal cervical spine range of motion without pain. There was a normal upper extremity neurological examination. There was facet joint tenderness. Authorization was requested for x-rays of the cervical spine and six sessions of cognitive behavioral therapy. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Psychological evaluations are generally accepted, well-established diagnostic procedures used in pain problems and should determine if further psychosocial interventions are indicated. In this case, the claimant has not undergone a psychological evaluation. This request for treatments without an evaluation that would support these treatments is not medically necessary.

#### **X-ray cervical spine including flexion/extension: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Radiography (x-rays).

**Decision rationale:** The claimant sustained a work injury in April 2013 when he felt a pop in his neck while bending rebar. He has a history of a multilevel cervical spine fusion in September 2013. When seen in September 2015 he was having bilateral cervical pain. Medications were decreasing pain from 10/10 to 4/10. Prior treatments had included physical therapy without pain relief. Physical examination findings included a body mass index of over 32. There was normal cervical spine range of motion without pain. There was a normal upper extremity neurological examination. There was facet joint tenderness. Authorization was requested for x-rays of the cervical spine and six sessions of cognitive behavioral therapy. An x-ray of the cervical spine can

be recommended after surgery to evaluate the status of a fusion. In this case, although the claimant has a history of a cervical fusion, when the request was made, he had full cervical range of motion without pain. Failure of his fusion is not supported by the clinical examination recorded. The requested x-ray is not considered medically necessary.