

Case Number:	CM15-0088413		
Date Assigned:	05/13/2015	Date of Injury:	04/24/1996
Decision Date:	06/18/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/08/2015

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: Psychologist

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 65 year old male, who sustained an industrial injury on April 24, 1996. He reported sustaining an industrial injury to his head, neck, upper back, mid back, lower back, shoulders, arms, elbows, hands, knees, and foot while working as a foreman/fiberglass pool repairman, slipping and falling onto a concrete floor. The injured worker was diagnosed as having cervicalgia, cervical radiculopathy, lumbago, lumbar facet dysfunction, anxiety, depression, myalgias, headaches, diabetes mellitus, hypertension, and gastritis. Treatment to date has included MRIs, x-rays, physical therapy, injections to neck and low back, nerve conduction velocity (NCV), and medication. On January 28, 2015, the injured worker complained of generalized body pain from his head down to his feet, with neck, shoulders, elbows, wrists, hands, low back, hips, and knee pain. The Treating Physician's report dated March 25, 2015, noted the injured worker reported increased pain as a result of not receiving any of his previous medications, not sleeping well, with constipation. The current pain level was reported as 9/10 without medications, and 6/10 with medications. Physical examination was noted to show straight leg raise, Patrick's, facet loading, and Spurling's tests all positive, with sensation decreased to light touch in the right upper and right lower extremity diffusely. Tenderness to palpation was noted over the cervical paraspinal musculature, upper trapezius, scapular border, lumbar paraspinal musculature, sacroiliac joint region, greater trochanteric bursa, and knees. An 18/18 tender points were located with shoulder positive for Hawkins and cross body tests. The treatment plan was noted to include requests for authorizations for refill of medications including Tramadol, Gabapentin, Cymbalta, Omeprazole, and Colace, and re-requesting authorizations for

physical therapy for his cervical and lumbar spine, a referral to psych for a cognitive behavioral therapy evaluation and treatment, and a referral to internist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy for chronic pain, anxiety, and depressions, 1 visit per week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive behavioral therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury. It is also noted that he has experienced symptoms of anxiety and depression secondary to his work-related chronic pain. Although the injured worker experiences both chronic pain and psychiatric symptoms, he has yet to complete a psychological evaluation. A psychological evaluation will not only offer more specific diagnostic information, but will provide appropriate treatment recommendations as well. Without this information, the request for therapy is premature. As a result, the request for 6 sessions of CBT is not medically necessary.