

<b>Case Number:</b>	CM15-0235978		
<b>Date Assigned:</b>	12/11/2015	<b>Date of Injury:</b>	03/16/2013
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 56 year old female, who sustained an industrial injury on 3-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral joint-ligament sprain-strain, chondromalacia of the knee, shoulder impingement syndrome, fibromyalgia, and chronic pain syndrome. On 10-28-2015, the injured worker reported "pain all over" with pain over her back radiating into both legs and into the neck area radiating into the shoulders, with bilateral knee pain and headaches. The Primary Treating Physician's report dated 10-28-2015, noted the injured worker rated her pain at its least as 8 on a scale of 0 to 10 and 9 at its worse, with current pain 8 on the pain scale. The physical examination was noted to show facet pain bilaterally at L3-S1, pain over the lumbar intervertebral spaces on palpation, with pain with flexion and extension and palpable trigger points. Tenderness was noted over the right acromioclavicular joint and anterior acromial border with positive bilateral shoulder impingement. Prior treatments have included nerve blocks, epidural steroid injections, physical therapy, acupuncture, and left shoulder surgery in 2014 and right shoulder surgery in 2015. The treatment plan was noted to include chiropractic treatments and cognitive behavioral therapy (CBT), prescribed medications of naproxen, Prilosec, and Lyrica, and a urine drug screen (UDS). The request for authorization dated 10-29-2015, requested interpreting services and 18 cognitive bio-behavioral therapy sessions. The Utilization Review (UR) dated 11-5-2015, non-certified the requests for interpreting services and 18 cognitive bio-behavioral therapy sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Interpreting services:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** MTUS Guidelines are clear that effective communications are medically necessary to appropriately evaluate an individual. This request is an issue that is most often addressed in the legal/administrative realm; however, the medical necessity of an interpreter has not been adequately demonstrated. The requesting physician states that his individual is Spanish Speaking, but as part of the medical evaluation several complex questionnaires are read and filled out in English by this individual. The requesting physician does not explain this apparent discrepancy. In addition, prior treating physicians have evaluated this individual multiple times and there has been no documentation of communication difficulties or the need for an interpreter. At this point in time, the medical necessity of interpretative services has not been established and is not medically necessary.

**18 cognitive bio-behavioral therapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Psychological treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress/Cognitive Behavioral Therapy.

**Decision rationale:** Guidelines support psychological care/support for issues associated with a chronic pain syndrome. MTUS Guidelines do not address what would be considered adequate and medically necessary care. ODG Guidelines do address this aspect of treatment and the Guidelines recommend an initial trial of up to 6 sessions to establish attendance, patient motivation and subsequent improvements. The request for 18 sessions of cognitive therapy does not take into account the recommendation that an initial limited trial is recommended. There are no unusual circumstances to justify an exception to Guidelines. The 18 cognitive bio-behavioral therapy sessions are not supported by Guidelines and are not medically necessary.