

Case Number:	CM14-0133207		
Date Assigned:	08/22/2014	Date of Injury:	12/07/2013
Decision Date:	10/16/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/20/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 59 year old male who had a work related injury on 12/07/13. He sustained this injury when he was lifting a 400 lb. marble table with the help of a coworker. He had an MRI of his cervical spine dated 04/10/14 which documented congenital narrowing of the spinal canal made worse by bulging discs, spinal narrowing is relatively worse at C5-6 from a disc/spur complex. There was bilateral foraminal narrowing at this level. X-rays of the cervical spine reviewed on 07/23/14 documented spondylosis. He was treated with non-steroidal anti-inflammatory drugs, muscle relaxants, and physical therapy x 6 that helped. He went to a chiropractor with temporary relief. He received local injections in the right AC joint with temporary relief. The most recent medical record submitted for review is dated 07/23/14. Cervical pain is 8/10 more on the right and sub occipital, radiating down the right upper extremity to the forearm, associated with headaches. He has numbness and tingling sensation in the bilateral upper extremities with weakness of the right grip. Left shoulder pain is 7-8/10 and constant. Right shoulder pain is 7-8/10 in severity and constant. Low back pain is 8/10 and dull, radiating down to the lower extremity, associated with weakness and numbness in the left lower extremity. There is sleep disturbance secondary to this pain. Pain improves with taking over the counter medication which contains Aspirin, Acetaminophen, caffeine, Salicylamide with no side effects. He denies any abdominal pain or heartburn. He has been authorized for physical therapy for 12 visits and is pending to start. He states that he is feeling down at times since his date of injury. He is here for a depression screening and a PHQ-9. There is bilateral Spurling's. The back is tender to the right gluteal area more than the left and paraspinal lumbosacral area. Forward flexion is 50 degrees. There is a bilateral SLT right more than left. Right shoulder has an abduction of 130 degrees with a positive impingement sign. The left has an abduction of 120 degrees with a positive impingement sign. Diagnoses include back pain; lumbar sprain/strain;

lumbar radiculitis with paresthesia and weakness in the lower extremity; cervical pain; cervical radiculitis C5-6 on MRI more on the left; and cervicogenic headaches. Treatment plan is to continue with conservative care and physical therapy three times a week for four weeks. Consider PMNR after physical therapy and review of MRI reports. Continued LidoPro. His PHQ-9 score was 12. A request was done today for a psychological and 12 sessions of cognitive behavioral therapy. Prior utilization review on 08/11/14 was non-certified. Current request is for 12 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of Cognitive Behavioral Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23.

Decision rationale: As noted on page 23 of the Chronic Pain Medical Treatment Guidelines, Cognitive Behavioral Therapy is recommended. 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. The clinical documentation submitted for review supports the request; he states that he is feeling down at times since his date of injury. He is here for a depression screening and a PHQ-9 is 12. Therefore, medical necessity has been established.