

Case Number:	CM14-0148966		
Date Assigned:	09/18/2014	Date of Injury:	08/21/2012
Decision Date:	11/24/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/12/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 42-year-old female who was injured on 08/21/2012. The injured worker was diagnosed with status post cervical fusion and chronic pain. She is making good progress with physical therapy and she has been taking 1 tab to 1 and a half tabs of Norco daily, 2 Valium daily, and supplements it with Tylenol 500 mg up to 5 tablets a day. The injured had surgery of a cervical fusion C3-5 on 04/28/2014. The injured worker has been treated with medications with physical therapy. The injured worker was seen on 08/21/2014. The injured worker had noted significant exacerbation in the symptoms involving her shoulder and bilateral upper extremities, as well as her neck. She has undergone physical therapy and 3 epidural steroid injections which failed to relieve her pain. The injured worker has developed several psychological symptoms secondary to her injury, including depressed mood, anxiety, poor sleep, depressed concentration, feelings of restlessness, and was diagnosed with adjustment disorder with depressed anxious mood, major depressive disorder moderate, and pain disorder associated with psychological factors and general medical condition. The request is for medication management once a week and CBT (cognitive behavioral therapy) 1 a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication management once a week: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta Page(s): 15.

Decision rationale: Per the California MTUS Chronic Pain Treatment Guidelines for duloxetine (Cymbalta), the medication management is not medically necessary. The injured worker is taking Cymbalta only and the documentation states that the injured worker has not had any relief from taking this medication and continues to have symptoms that are uncontrolled with psychological evaluation and psych visits as well as epidural steroid injections and physical therapy. The efficacy was not documented with the exception of continued symptoms that are not under control. The last documented medical notes were of 08/4/2014 with no documentation of which drugs need monitoring.

CBT (cognitive behavioral therapy) 1 a week for 6 weeks: Upheld

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 Cognitive behavioral therapy Page(s): 23.

Decision rationale: Per the California MTUS Chronic Medical Treatment Guidelines, cognitive behavioral therapy is not medically necessary. The medical notes submitted for 08/4/2014 states the injured worker follows up three months status post cervical fusion C3-C5. The injured worker is taking Norco 1-1/12 tablets and 2 Valium, Tylenol and supplements. She has made steady progress. The request is for Cognitive behavioral therapy 1 time a week for 6 weeks the guidelines recommends 3- 4 sessions with documented risk factors for delayed recovery, separate psychotherapy referral after 4 weeks if lack of progress.