

Case Number:	CM15-0001229		
Date Assigned:	01/12/2015	Date of Injury:	06/06/2013
Decision Date:	03/13/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 51 year old male, who sustained an industrial injury on June 6, 2013. He has reported falling on his back while carrying a wooden log over his head and experiencing back pain. The diagnoses have included left lumbar radiculitis, lumbar facet arthropathy and bilateral knee pain. Treatment to date has included diagnostic studies and medications. Currently, the injured worker complains of back, left hip and left leg pain. He also complained of neck pain and numbness in both hands. The pain was described as constant and intermittent, brought on with walking for more than 10 minutes. He stated the pain is better with lying down. He noted having an increase in anxiety and has been grinding his teeth causing some dental problems where he feels pieces of his teeth are coming off. On December 24, 2014, Utilization Review non-certified a CBT consult + 6 therapy sessions and dental bite #1, noting the MTUS Guidelines. On January 5, 2015, the injured worker submitted an application for IMR for review of CBT consult + 6 therapy sessions and dental bite #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy consult and 6 sessions of therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398, Chronic Pain Treatment Guidelines Psychological evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions AND Psychological evaluations Page(s): 23, 100-102.

Decision rationale: The MTUS Chronic Pain Guidelines recommend behavioral interventions such as cognitive behavioral therapy (CBT) for those with chronic pain as it reinforces coping skills and reduces physical dependence on medication and physical therapy. Initially, this therapy should be in the form of physical medicine for exercise instruction using a cognitive motivational approach, but psychotherapy CBT referral after 4 weeks with lack of progress from medication and physical medicine alone is recommended (initial trial of 3-4 psychotherapy visits over 2 weeks with a total of up to 6-10 visits over 5-6 weeks with evidence of functional improvement). The MTUS also states that psychological evaluations are recommended for widespread use in chronic pain populations, but should determine if further psychosocial interventions are indicated. If psychological treatment is appropriate, based on the evaluation, psychological interventions such as behavioral therapy and self-regulatory treatments may be helpful. The MTUS also suggests that the primary treating physician screen for patients that might benefit from psychological intervention and referral, including those who continue to experience pain and disability after the usual time of recovery and if psychological care with other treatment methods are still not sufficient to reduce pain and increase function, then more intensive care from mental health professionals may be recommended. In the case of this worker, there was no evidence to clarify if he had been experiencing anxiety, which he recently reported, since before the injury, or if it was only since after the injury. There does not appear to be any diagnosis related to his anxiety symptoms which would have justified having CBT. Also, the progress note did not include any evidence of a psychological assessment as part of the evaluation in order to decide if there is a diagnosis of anxiety. The worker, therefore, will need to have the diagnosis confirmed as well as the connection with his chronic pain investigated via the provider or a behavioral health provider, and the CBT for now will be considered medically unnecessary.

Dental Bite # 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://emedicine.medscape.com> Bruxism Management

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape: Bruxism Management (<http://emedicine.medscape.com/article/2066277-overview#aw2aab6b8>)

Decision rationale: The MTUS does not address bruxism (teeth grinding) or the use of dental appliances as part of the treatment for bruxism. The diagnosis of bruxism is descriptive in nature, contingent on the presence of symptoms such as acknowledged tooth grinding, pain in the TMJ or jaw musculature, temporal headache, tooth hypersensitivity or mobility, and poor sleep quality. These subjective symptoms are coupled with clinical signs such as abnormal tooth wear, tongue indentations, the presence of a linea alba along the biting plane of the buccal (cheek)

mucosa, gum recession, masseter hypertrophy, and/or broken fillings or teeth. Using custom-formed dental appliances is recommended for Bruxism. Appliances come in various forms. In the case of this worker, there was a report of teeth grinding related to his recent worsening of anxiety, which was not mentioned in any previous report submitted for review. There was no physical examination of the mouth and teeth and no in depth questioning about his teeth grinding which would have helped to confirm this diagnosis before considering using an appliance. Perhaps referring him to a dentist to evaluate the issue would have been more appropriate. For now, however, the requested dental bite #1 will be considered medically unnecessary.