

<b>Case Number:</b>	CM15-0010452		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	12/26/2012
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: Arizona, California  
 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 44 year old male, who sustained an industrial injury on 12/26/12 working for recycling. He has reported lumbar lifting injury. The diagnoses have included lumbar disc degeneration, low back pain, thoracic spine pain, abdominal pain and depression chronic pain syndrome. Treatment to date has included medications, diagnostics, psyche, and conservative care. Currently, the injured worker complains of chronic left sided low back pain described as aching, burning, stabbing, throbbing, and tight. The pain is rated 5-6/10, constant and associated with stiffness low back pain and spasm, interference with sleep and depression. The pain is aggravated by any activity and relieved with medication, position change and rest. She has had previous psychiatry and chiropractic. She also had physical therapy with no improvement. Physical exam revealed persistent tenderness and paraspinal muscle hypertonicity with complaint of referred pain proximally into axilla on deep palpation. Request for Magnetic Resonance Imaging (MRI) to rule out radiculopathy and request for Cognitive behavioral therapy. Work status was temporary totally disabled. The claimant had completed several weeks of a functional restoration program. On 1/6/15 Utilization Review non-certified a request for MRI thoracic spine, noting that regarding the MRI thoracic spine there was no documentation of red flags, recent trauma, and concern for fracture, malignancy or infection to warrant this request. The Official Disability Guidelines (ODG) and (ACOEM) Occupational Medicine Practice Guidelines were cited. On 1/6/15 Utilization Review modified a request for Cognitive behavioral therapy 1 time week for 6 weeks modified to Cognitive behavioral therapy 1 time a week for 3 weeks, noting the guidelines recommend an initial trial of 3-4 psychotherapy visits over 2 weeks. The

(MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Cognitive behavioral therapy 1x6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Cognitive behavioral therapy

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

**Decision rationale:** According to the guidelines, CB is recommended with the following criteria: Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: - Initial trial of 3-4 psychotherapy visits over 2 weeks. In this case, the claimant has already undergone several weeks of a multi-disciplinary functionally restoration program. An initial 3-4 sessions may be appropriate but a request for 6 sessions is beyond the amount to determine if there was benefit from CBT. As a result, the request for 6 sessions of CBT is not medically necessary.

#### **MRI thoracic spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic) MRIs

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 182.

**Decision rationale:** According to the ACOEM guidelines, an MRI of the thoracic spine is not recommended in the absence of any red flag symptoms. It is recommended to evaluate red-flag diagnoses including tumor, infection, fracture or acute neurological findings. It is recommended for nerve root compromise in preparation for surgery. There were no red flag symptoms. There was no plan for surgery. The request for an MRI of the thoracic spine is not medically necessary.