

<b>Case Number:</b>	CM15-0010998		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	02/24/1998
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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 58- year old male, who sustained an industrial injury on February 24, 1998. He has reported being involved in an altercation with a client resulting in falling down a flight of stairs. The diagnoses have included headache, lumbago, knee osteoarthritis, knee pain, hip pain, failed back surgery, knee and hip joint replacement, cervicgia, chronic pain syndrome, sacroiliitis, radicular syndrome, cervical radiculitis and degenerative disc disorder of the lumbosacral region. Treatment to date has included physical therapy, cognitive behavior therapy, pain medication, trigger point injections, left total knee replacement, a lumbar decompression and fusion at the L4-5, a right total hip replacement, a pain management consultation and regular follow up. Currently, the IW complains of back pain mainly on the left side with chronic numbness in the left leg. Pain was reported to worsen by generalized activity such as prolonged walking, standing and working in the garden. Pain was reported relieved by lying down and pain medications. The physician documented a rotational deformity of his pelvis that was felt to be due to acute leg-length shortening after his knee replacement. Range of motion of the lumbar spine was limited by pain, trigger points noted over the bilateral S1 joint, mild left knee swelling, and decreased strength in the left lower extremity reduced compared to strength on the right. The MRI is requested by the Phd Psychologist. No physical exam is documented. His Psychological diagnosis includes Major Depression and possible psychotic symptoms are reported in conjunction with the depression. The Psychiatrist recommends ongoing monthly psychological therapy. On December 18, 2014, the Utilization Review decision non-certified a request for magnetic resonance imaging of the lumbar spine and cognitive behavioral therapy

one time per week for four months. The rationale referenced that a magnetic resonance imaging was recommended when there is documented evidence of a progression of neurologic deficit and this was not documented in the medical records. The cognitive behavioral therapy was non-covered based on the documentation not reflecting any functional improvement with previous therapy visits. The MTUS Chronic Pain Medical Treatment Guidelines and ACOEM were cited. On January 20, 2015, the injured worker submitted an application for IMR for review of magnetic resonance imaging of the lumbar spine and cognitive behavioral therapy one time per week for four months.

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

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

**MRI lumbar spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, Table 12-8, 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, 304. Decision based on Non-MTUS Citation Low Back

**Decision rationale:** Both MTUS and ODG Guidelines do not recommend repeat MRI scanning without clear evidence of deteriorating neurological function. There is no neurological exam documented and no other clear evidence of deteriorating neurological function. The request for the lumbar MRI was made by the Phd Psychologist and administratively a determination can be made if this within the appropriate scope of practice. No skilled experienced neurological exam is reported as a component of this request. At this point in time, the request for the lumbar MRI is not supported by Guidelines and is not medically necessary.

**Cognitive Behavioral Therapy (1 time a week for 4 months), 4 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT) Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress

**Decision rationale:** MTUS Guidelines do not address the issue of reasonable therapy amounts for dual or complex diagnosis. ODG Guidelines address this issue and recommend up to 50 sessions of therapy for complex Major Depressive Disorders if the treatment appears to be beneficial. A few of the symptoms reported appears to qualify for a Major Depressive Disorder with mild Psychosis which is present in about 25% of those with Major Depression. There is documentation that his depression has improved and both the treating Psychiatrist and Psychologist recommend ongoing monthly therapy X 4 months. The records sent for review support this request as consistent with treatment Guidelines. Additional details regarding longer

term treatment plans or a Psychological M-L evaluation may alter this monthly treatment in the future. But, at this point in time with the information provided, the request for monthly Cognitive Behavioral Therapy X's 4 months (4 sessions) is medically necessary.