

Case Number:	CM15-0014918		
Date Assigned:	02/02/2015	Date of Injury:	03/19/2008
Decision Date:	05/28/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/26/2015

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: Physical Medicine & Rehabilitation

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 60-year-old female, with a reported date of injury of 03/19/2008. The diagnoses include status post multiple lumbar surgeries with lumbar radiculopathy, headaches, probable cervical radiculopathy, and major depression, single episode moderate pain disorder. Treatments to date have included oral medication, topical pain medication, chiropractic treatment, acupuncture, physical therapy, and a cane. The progress report dated 11/14/2014 indicates that the injured worker complained of neck pain, which was rated 7 out of 10, with radiation to the bilateral upper extremities. The injured worker also complained of low back pain, with radiation to the left lower extremity to toes. The low back pain was rated 8 out of 10. The objective findings include an antalgic gait, diffuse tenderness to palpation of the cervical and lumbar spine, decreased sensation in the upper extremities, cervical dermatomes, and lower extremities, and a positive straight leg raise test on the left. It was noted that the injured worker continued to see the pain psychologist. The treating physician requested ongoing care with the pain psychologist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ongoing care with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations cognitive behavioral therapy Page(s): 100-101, 23. Decision based on Non-MTUS Citation ACOEM chapter 7: page 127, consultations & examinations.

Decision rationale: Based on the 11/14/14 progress report provided by the treating physician, this patient presents with unchanged, burning neck pain rated 7/10 with radiation to bilateral upper extremities left > right, and low back pain rated 8/10 with radiation to the left lower extremity to the toes. The treater has asked for ongoing care with [REDACTED] on 11/14/14. The patient's diagnoses per request for authorization form dated 11/14/14 are s/p multiple lumbar surgeries with lumbar radiculopathy, and headaches deferred to neurologist. The patient complains of having an "electric shock" sensation in the lower back that will make her fall to the ground, per 11/14/14 report. The patient utilizes a single point cane per 5/23/14 report, and the 11/14/14 attributes its usage to her left leg pain. The patient's current medications include Norco, Cymbalta, Soma, Docuprene, and Lidopro cream per 11/14/14 report. The patient has not tried Ibuprofen, Advil or Aleve due to GI upset per 9/19/14 report. The patient last worked in 2008, and is currently permanent and stationary. ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if the diagnosis is uncertain or extremely complex. When psychosocial factors are present or when the plan or course of care may benefit from additional expertise." MTUS page 100-101 for psychological evaluations states these are "recommended for chronic pain problems." Regarding cognitive behavioral therapy, MTUS page 23 states: "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...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; With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)." The 7/3/14 report requests authorization for ongoing care with [REDACTED] "to manage the chronicity of orthopedic complaints with the hopes of tapering down on medication use and improve outlook on life." For cognitive behavior therapy, MTUS recommends trial of 3-4 sessions and up to 6-10 visits with functional improvement. The patient was seen by pain psychologist [REDACTED] on 5/29/14. The recommendation by [REDACTED] was to follow up 2 times per month for at least the next two months to focus on strategies for managing chronic pain and dealing with depression and inappropriate guilt per 7/3/14 report. Other than the single visit on 5/29/14, however, a precise treatment history including the number of CBT sessions has not been provided. Furthermore, the 5/23/14, 7/3/14, and 11/14/14 progress reports all state that the patient "continues to see [REDACTED] for pain psychology." It appears patient has been attending psychotherapy for an unknown number of sessions prior to authorization. The treater has not documented functional improvement and change in work status per MTUS guidelines. Additionally, the treater does not specify the quantity of sessions requested. Therefore, the request for ongoing care by pain psychologist IS NOT medically necessary.