

<b>Case Number:</b>	CM15-0114510		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/01/2002
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 65 year old male, who sustained an industrial injury on 4/1/02. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical disc degeneration/protrusion C4-5 and C5-6; degenerative disc disease cervical spine; muscle/myofascial pain, suboccipital area with headaches; long term NSAIDS for chronic pain. Treatment to date has included physical therapy; trial of cognitive behavioral pain management; medications. Diagnostics included MRI cervical spine (2003); x-rays cervical spine (4/7/15). Currently, the PR-2 notes dated 4/7/15 indicated the injured worker returns on this date as a follow-up of her chronic neck pain and associated headaches. She says she is doing very well and largely due to the cognitive behavioral therapy instruction she received from the physician. She is now off all medications for pain. The provider notes she is very happy results of the referral. Still has pain, but can now cope with it and using strategies she has learned and the pain can now be gone for a least three hours at a time. She continues widespread pain/stiffness, but now better able to manage it using cognitive techniques. She continues upper gastric discomforts but being evaluated with person care physician. She still has fibromyalgia. On physical examination, the provider documents neck exam with head forward posture with prominent C7 vertebrae. Her range of motion is restricted with chin 4 finger breaths to chest in flexion, extension 10, bilaterally 45 degrees and LSB 20. Her lumbar range of motion is 45 degrees combined hip and low back in flexion, full extension. Palpation shows tenderness right greater than left C3 to C7. The upper extremities range of motion is noted as normal. And lower extremities range of motion is normal. She has normal muscle bulk tone and strength throughout

the upper extremities with sensory exam intact to pin bilaterally in the upper extremities. The provider reports recent x-rays show mild to moderate foraminal narrowing C3 through C7 with narrowing most pronounced at C3-4 right more than left, but still only at a moderate degree. Arthritic changes are noted at the same levels. The last MRI of the cervical spine he reports is dated 7/22/03 showing 5mm disc protrusion at C4-5 and C5-6 levels causing slight flattening of the cord. The provider's treatment plan requests continued Cognitive behavioral therapy 12 sessions and no medications at this time.

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

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

#### **12 Cognitive behavioral therapy sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Psychological treatment.

**Decision rationale:** The claimant sustained a work injury in April 2002 and continues to be treated for chronic neck pain. When seen, there had been improvement with cognitive behavioral therapy instructions been provided by telephone. She had been able to discontinue use of medications. She had ongoing pain but was able to cope with it and was using the strategies that she had learned. There was poor posture with decreased cervical spine range of motion. There was cervical spine tenderness. Case notes reference completion of six initial cognitive behavioral training sessions over a six-week period of time. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. While additional cognitive behavioral therapy may be indicated, the number of sessions being requested appears in excess of what is medically necessary. In this case the claimant has already improved significantly with the treatments already provided and is incorporating the strategies that she has learned. The request is therefore not considered medically necessary.