

Case Number:	CM15-0118340		
Date Assigned:	06/26/2015	Date of Injury:	10/28/2008
Decision Date:	07/28/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/18/2015

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: Psychologist

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 57 year old male, who sustained an industrial injury on 10/28/08. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spine degenerative disc disease; cervical spondylosis; lumbar spine degenerative disc disease; lumbar radiculitis; spinal stenosis; lumbar post laminectomy syndrome; urine /bowel incontinence; bilateral knee pains; chronic pain syndrome; right foot drop; carpal tunnel syndrome; diabetes mellitus; depressive disorder. Treatment to date has included multiple surgeries, physical therapy; cognitive behavioral therapy x3 sessions; lift chair; medications. Diagnostics included MRI cervical spine (4/4/12); MRI lumbar spine (7/26/11); CT scan lumbar spine (1/30/15). Currently, the PR-2 notes dated 5/18/15 indicated the injured worker is in the office for a re-evaluation of his neck and low back pain. The neck has gotten a lot worse he reports and he is having aching pain radiating down the right arm with numbness, tingling and weakness to the arm and hand. He has low back pain which can radiate with numbness/tingling to the lateral legs. He is waiting for surgery on his neck and the will probably do surgery to the low back. He is taking Lyrica, fentanyl patch, oxycodone and a compounded cream with good relief and tolerating these well. His pain levels are 10/10 without medication and 8/10 with medication. His pain is worse with prolonged positions and decreased with therapy, medication and injections. He did get a lift chair that has helped him significantly. He has a great difficulty walking. He is getting cognitive behavioral therapy to help him deal with his pain. He would like to have an electric wheelchair, his hand is getting weaker and he is significantly weaker. He has difficulty with his walker and has had some falls. The physical examination notes his cervical spine is tender in the paracervical muscles and upper trapezius, mainly on the right. His range of motion is severely decreased in all fields. Spurling's test is negative. His lumbar spine exam notes he is

moderately tender in the paraspinal muscles with range of motion significantly decreased. He walks with a forward flexed position from the waist. He has a significant antalgic gait with a walker. A CT scan of the lumbar spine is documented by this provider with an impression of status post L4-L5 laminectomies, dextroscoliosis of the lumbar spine, mild multilevel degenerative changes at L2-L3, L3-L4 small anterior endplate osteophytes and vacuum disc phenomenon, significant degeneration L4-L5 with obliteration of the disk, vacuum phenomenon, deep endplate erosion with reactive sclerosis, stable grade 1 right lateral listhesis of L4 on L5, previously grade 2 now grade 2 to 3 anterolisthesis of L4 on L5, L5 pars defect. The provider has requested authorization for an Electric Wheelchair and additional cognitive behavioral therapy - 6 sessions for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 6 sessions for Pain Management: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines: Cognitive Behavioral Therapy (CBT) guidelines for chronic pain.

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

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since his work-related injury in 2008. In the progress note dated 5/18/15, Nurse Practitioner, [REDACTED], indicated that the injured worker is "getting cognitive behavioral therapies, he had 3 sessions." It was in this report that continued psychotherapy was recommended. Unfortunately, there are no psychological records included for review. Without information about the completed services including the number of completed sessions and the progress made from those services, the need for additional treatment cannot be fully determined. As a result, the request for an additional 6 CBT sessions is not medically necessary.