

Case Number:	CM15-0078912		
Date Assigned:	04/30/2015	Date of Injury:	10/21/2014
Decision Date:	06/15/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: Internal 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 38 year old male, who sustained an industrial injury on 10/21/2014. He reported injury from a bobcat accident. The injured worker was diagnosed as status post lumbar and thoracic fractures, lumbar and thoracic spine pain, anxiety, depression and recent emergency department visit for anxiety. Lumbar magnetic resonance imaging showed lumbar disc desiccation, mild posterior bulge, facet degeneration and mild foraminal stenosis. Treatment to date has included rest, therapy and medication management. In a progress note dated 4/3/2015, the injured worker complains of mid and lo back [pain with numbness and tingling in the left foot. The treating physician is requesting 12 sessions of cognitive behavior therapy and bilateral lower extremities electromyography (EMG) /nerve conduction study (NCS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page 23. Psychological treatment Pages 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Cognitive therapy for depression, Cognitive therapy for panic disorder.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses psychological evaluation and treatment and behavioral interventions. Psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short-term effect on pain interference and long-term effect on return to work. Behavioral interventions are 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. Official Disability Guidelines (ODG) state that cognitive behavioral therapy (CBT) for depression is recommended. An initial trial of 6 visits over 6 weeks are ODG guidelines. Cognitive behavioral therapy for panic disorder is recommended. The overwhelmingly effective psychotherapy treatment for panic disorder is cognitive behavioral therapy (CBT). CBT produced rapid reduction in panic symptoms. Typically, CBT is provided over 12-14 sessions, conducted on a weekly basis. The neurology report dated 4/3/15 documented a history of anxiety and depression. An initial psychology consultation and 12 sessions of cognitive behavioral therapy were requested. Per MTUS, Official Disability Guidelines (ODG) limits an initial trial of cognitive behavioral therapy (CBT) to 6 visits. Therefore, the request for 12 sessions of cognitive behavioral therapy exceeds ODG and MTUS guidelines, and is not supported. Therefore, the request for cognitive behavioral therapy 12 sessions is not medically necessary.

EMG/NCV of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 308-309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) Nerve conduction studies (NCS). Work Loss Data Institute Low back 2013 <http://www.guideline.gov/content.aspx?id=47586>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses electromyography (EMG). American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. EMG is recommended to clarify nerve root dysfunction. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. Work Loss Data Institute guidelines for the low back states that nerve conduction studies (NCS) are not recommended. The pain medicine report dated 3/18/15 documented lumbar MRI showed left paracentral disc protrusion at L4-L5 with annular tear and disc dessication. The patient

ambulates in the office without difficulty. There are no motor deficits in the lower extremities. Straight leg raise was positive on the left. Diagnosis was lumbar disc herniation L4-L5. Electrodiagnostic evaluation was performed on 2/13/15 and the report documented a negative lower extremity and lumbar paraspinal EMG and nerve conduction study. The neurology report dated 4/3/15 documented lower back pain radiating down the entire the entire left leg with numbness occasionally in the left foot. Examination reveals not clear weakness. No clear motor weakness was documented. EMG/NCV of bilateral lower extremities was requested on 4/9/15. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints indicates that EMG for clinically obvious radiculopathy is not recommended. Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic (Acute & Chronic) states that nerve conduction studies (NCS) are not recommended. ACOEM and ODG guidelines do not support the request for electromyography (EMG) and nerve conduction velocity (NCV). Therefore, the request for EMG and NCV for bilateral lower extremities is not medically necessary.