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| Case Number: | CM15-0093196 | | |
| Date Assigned: | 05/19/2015 | Date of Injury: | 07/13/2012 |
| Decision Date: | 06/26/2015 | UR Denial Date: | 05/05/2015 |
| Priority: | Standard | Application Received: | 05/14/2015 |

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 (IW) is a 65 year old male who sustained an industrial injury on 07/13/2012. He reported pain in the head neck, shoulders and low back. The injured worker was diagnosed as having chronic neck pain with underlying moderate degenerative disc disease, right and left shoulder painful motion, chronic mid back pain with diffuse degenerative disc disease, chronic low back pain with disc protrusions at L2-3, L3-4 and L5-S1, complaint of headaches, complaints of depression, anxiety and difficulty sleeping. Treatment to date has included physical therapy with little benefit, medications, acupuncture, psychiatric evaluation and cervical epidural injection. Currently, the injured worker complains of neck pain and back pain. In the 04/13/2015 exam, the worker complains of pain rated 7/10 in severity. The worker states he was recommended for psychotherapeutic medications after evaluation by a psychiatrist but they were denied. It was also recommended he be evaluated by a clinical psychologist, yet he has not received authorization for this. He states he was given a recommendation for epidural injection yet does not have authorization for this intervention. He is taking large volumes of Tylenol to control his pain and discomfort. On exam of the lumbar spine, the patient maintains a forward flexion of 40/60 degrees, extension to 10/25 degrees, right lateral flexion 15/25 degrees and left internal flexion 15/25 degrees. He is moderately tender to palpation on the spinous processes L4-L5. Cervical range of motion is forward flexion 20/50 degrees, extension 20/60 degrees, right rotation 45/80 degrees, left rotation 45/80 degrees, right lateral flexion 20/45 degrees, and left lateral flexion 20/45 degrees. The worker walks with a non-antalgic gait without the use of a cane or any other assistive devices. The treatment plan includes several requests for

authorization for lab work, injections, and medications which are on separate requests. The worker is returned to work with restrictions. This request for authorization is for Cognitive Behavioral Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 23 and 100-102.

Decision rationale: California MTUS states that 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. ODG Cognitive Behavioral Therapy (CBT) guidelines for chronic pain recommend screening for patients with risk factors for delayed recovery, including fear avoidance beliefs. Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using 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). Upon review of the submitted documentation, it is gathered that the injured worker suffers from chronic pain secondary to industrial trauma and could benefit from behavioral treatment of chronic pain. However, the request for Cognitive Behavioral Therapy does not specify the number of sessions being requested and thus is not medically necessary at this time.