

Case Number:	CM13-0012236		
Date Assigned:	06/06/2014	Date of Injury:	09/01/2009
Decision Date:	07/25/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/16/2013

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. The expert reviewer is licensed in Psychologist, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58 year old male who reported an injury on 09/01/2009 due to an unknown mechanism. The injured worker complained of intermittent pain to the upper back, on and off pain to the lower back, phantom pain to the right amputated extremity, and general pain in the bilateral shoulders. On 07/15/2013 the physical examination revealed tenderness to palpation to the bilateral L5-S1 and sciatic notch. He exhibited full range of motion to the right wrist, and left knee. The right upper leg revealed disarticulation amputation. There were no diagnostic studies submitted for review. The injured worker had a diagnoses of lumbar spine disease, post amputation pain, and severe right knee disruption. The past treatment methods were not submitted for review. The injured worker was on the following medications OxyContin, oxycodone, Xanax, Lyrica, and metoprolol. The current treatment plan is for ten (10) sessions of individual CBT psychotherapy in the office of [REDACTED]. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) SESSIONS OF INDIVIDUAL CBT PSYCHOTHERAPY IN THE OFFICE OF [REDACTED]: Upheld

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

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

Decision rationale: The request for ten (10) sessions of individual CBT psychotherapy in the office of [REDACTED] not medically necessary. The injured worker has a history of pain to the shoulders, back, and right lower extremity. The California MTUS guidelines state that for cognitive behavioral therapy (CBT) for chronic pain to 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). There was no documentation of initial therapy of use of physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine; which is recommended before the start of psychotherapy. In addition, the 10 sessions request exceed the recommended number of initial trial visits. Given the above, the request for ten (10) sessions of individual CBT psychotherapy in the office of [REDACTED] is not medically necessary.