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| Case Number: | CM13-0025586 | | |
| Date Assigned: | 03/17/2014 | Date of Injury: | 12/17/2003 |
| Decision Date: | 05/07/2014 | UR Denial Date: | 09/04/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Board Certified 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 54-year-old female who reported an injury on 12/17/2003 after lifting a 20 pound box which reportedly caused a sudden onset of low back pain. The injured worker's treatment history included physical therapy, a lumbar brace, facet injections, opioid detoxification, and a residential functional restoration program. The injured worker underwent a clinical psychological evaluation on 04/20/2013. It was documented that the injured worker received biofeedback training and counseling in the residential help program. However, it was also documented that the injured worker did not respond to cognitive behavioral therapy participating in the residential functional restoration program. The injured worker as again evaluated on 07/19/2013. It was documented that the injured worker again, did not learn any coping mechanisms in the functional restoration program. The injured worker's treatment plan included continued cognitive behavioral management training to assist with coping mechanisms for chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL COUNSELING TIMES 10 SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The requested cognitive behavioral counseling times ten sessions is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends cognitive behavioral therapy in appropriately identified patients who are at risk for delayed recovery and would benefit from assistance with coping mechanisms. The clinical documentation submitted for review does indicate that the injured worker has previously participated in both an inpatient opioid detoxification program and an inpatient functional restoration program. The clinical documentation submitted for review does indicate that the injured worker failed to respond to both treatment programs and failed to learn coping mechanisms that would assist with managing the injured worker's chronic pain. Additional, cognitive behavioral therapy has been recommended. However, the treating physician did not justify the need for additional cognitive behavioral therapy in this clinical situation as the injured worker has already failed to respond to intensive cognitive behavioral therapy provided in both an inpatient opioid detoxification program and an inpatient functional restoration program. Therefore, the need for additional cognitive behavioral counseling is not supported. As such, the requested cognitive behavioral counseling times ten sessions is not medically necessary or appropriate.