

Case Number:	CM13-0027151		
Date Assigned:	11/22/2013	Date of Injury:	03/31/2009
Decision Date:	01/27/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/20/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Licensed in Psychology 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 physician 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 patient is a 41-year-old male who reported an injury on 03/31/2009. The mechanism of injury was noted as a slip and fall from a 2 story roof, landing on the ground, and losing consciousness for a brief few seconds. His symptoms include right groin pain, low back pain, and right leg pain down to his ankle. The patient had a psychological evaluation on 01/22/2013 and was diagnosed with pain disorder associated with both psychological factors and a general medication condition. A recommendation was made at that visit for 8 to 12 outpatient cognitive behavioral sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) to eighteen (18) sessions of cognitive behavioral therapy pain management:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 101.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101-102.

Decision rationale: The California MTUS Guidelines state that psychological treatment is recommended for appropriately identified patients during the treatment for chronic pain. It

further states that cognitive behavioral therapy and self regulatory treatments have been found to be particularly effective. The patient was shown to have had a previous psychological evaluation on 01/22/2013 with a recommendation for cognitive behavioral treatments; however, an updated psychological evaluation or documentation regarding the patient's need for cognitive behavioral therapy was not included in the medical records. As this recommendation was made over 1 year ago, updated documentation is needed in order to make a recommendation. Furthermore, the recommendation at the time of his psychological evaluation was for 8 to 12 outpatient cognitive behavioral sessions. Therefore, the request for 12 to 18 sessions exceeds the recommendation by his psychologist performing the evaluation. For these reasons, the request is non-certified.