

Case Number:	CM13-0035156		
Date Assigned:	12/13/2013	Date of Injury:	02/16/1996
Decision Date:	07/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/16/2013

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 Board Certified in Clinical Psychology has a subspecialty in Health Psychology and Pain Management and is licensed to practice in California. 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:

Based on the records provided for this independent medical review, this patient is a 72 year old female who reported a work-related injury on February 16, 1996. She has been diagnosed with Chronic Discogenic Back pain with Bilateral Sciatica, multiple additional medical diagnoses are well documented in her chart and not under consideration for this review. She is reporting significant and chronic pain, difficulty bending, and loss of bladder control, falling, need to use a cane/walker. The injury reportedly occurred when she bent down to pick something up after starting an IV on a patient, the full details of her original injury were not provided, other than this brief sentence. She is taking the medication Cymbalta for depression and back pain and is also on opiate medication. There continues to be is severe and sharp pain in her toes and l5 nerve distribution. She has additional severe work injury related medical diagnosis. She is suffering from considerable comorbidities including depression related to her chronic pain, loss of sleep due to interference from pain, loss of activities of daily living well is general emotional distress and dealing with the difficulties so severe chronic pain and navigating the work comp system. A request for 12 sessions of cognitive behavioral therapy with a psychologist was made and non-certified with a modification to allow for four sessions this independent medical review will address a request to overturn the non-certification with modification.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT (COGNITIVE BEHAVIORAL TRAINING WITH PSYCHOLOGIST 12 SESSIONS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part Two: behavioral interventions, cognitive behavioral therapy Page(s): 23-24.

Decision rationale: The utilization review adjusted the number of sessions downward from 12 to 4 sessions, the reason being is that they are considering this treatment as if it were an initial and first treatment. Prior psychological treatments were not mentioned and it is not known if she has had many or none. So, the decision to treat this as a first time initial course of CBT is what was done and explains the reason why the number was decreased from 12 to 4. Initial treatment requests for cognitive behavioral therapy, according to the California MTUS guidelines, specifically say with respect to CBT that initial treatment shall consist of three to four sessions after which, the therapist should document whether or not there was any functional improvement and if the patient is making progress. If there is improvement, additional sessions can then be authorized. Adjustment of the request downward from 12 to 4 sessions is not a reflection of the patients need for therapy; it is simply a procedural requirement that is in accordance with the MTUS/official disability guidelines. Therefore the request is not medically necessary.