

Case Number:	CM13-0041152		
Date Assigned:	12/20/2013	Date of Injury:	10/05/2004
Decision Date:	02/13/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/10/2013

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 physician reviewer is Board Certified in Psychologist 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 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 35-year-old male who suffered an injury on 1/5/2005 and presents with ongoing pain in his lower back, which radiates down to both lower extremities. His pain is rated as a 6 out of 10. He suffers a diagnosis of lumbar post-laminectomy syndrome, having undergone a three level fusion on October 24, 2009 with subsequent removal of hardware on January 4, 2012. Due to his ongoing and debilitating pain, the patient has been requiring escalating doses of oral analgesic medications. He wants to try and get off the medication but is having a difficult time doing so, due to significant withdrawal symptoms including anxiety, stomach cramps, increased back pain, leg cramping, as well as mood swings. His current medication includes OxyContin 20 mg 4 per day and Norco 10/325 mg 6 per day. The patient has also been experiencing increased pain in his left knee and has a diagnosis of bilateral knee internal derangement, having a right meniscal tear. He was diagnosed with status post L4 burst fracture with pedicle screw fixation and stabilization, cervical spine sprain/strain syndrome, bilateral shoulder sprain/strain syndrome, status post left tibial plateau fracture, calcaneus fracture of the right heel, status post open reduction/internal fixation, reactionary depression and anxiety, medication-induced erectile dysfunction, right knee bucket handle tear, medication-induced gastritis, medication-induced constipation, S/P L3-4, and L5S1 AP fusion, 10/14/09, S/P removal of hardware 01/04/12, bilateral knee internal derangement with right medial meniscus tear, SCS trial, July 26, 2012 (successful), and status post right ankle fusion, September 11, 2012, [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy 10 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines - Pain Interventions and Treatments, Behavioral interventions Page(s): 23.

Decision rationale: On September 25, 2013, [REDACTED] reports receipt of certification for 10 additional individual cognitive behavioral therapy sessions with [REDACTED] for the patient's ongoing depressive symptoms, which were noted to have been very beneficial. It is not clear from the records how many sessions the patient attended and there is no evidence of objective functional improvement.