

Case Number:	CM13-0044916		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2009
Decision Date:	04/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/01/2013

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 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:

According to the medical files which were provided for this independent review, this patient is a 52 year old male who reported an occupational related injury on May 29, 2009 during the normal course of his work duties. At that time, he received a shipment of equipment in big boxes which he was unpacking and assembling when he felt pain in his lower back. He continued to work for the rest of the day; however, by the end of the day, the pain increased to the point where he needed to be taken to the hospital for treatment. He subsequently has had 2 surgeries a laminectomy and a micro-discectomy and perhaps a third involving his shoulder. He reports having pain in his low back that radiates into both legs .he has been treated with opiate pain medications that subsequently became problematic and efforts to wean him off of the narcotic medications has been made. There are very limited mentions of psychological problems, other than the opiate dependency and a few mentions of depression. It does not appear that he has had any psychological treatments to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF COGNITIVE BEHAVIORAL THERAPY (CBT): 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 Behavioral Interventions Page(s): 23.

Decision rationale: A careful review of all of the medical records that were provided to consider a request to overturn a decision of treatment denial was conducted. There are very few notes pertaining to his psychological condition but the ones that are there mention depression. An initial psychological evaluation does not appear to have been conducted. While it does appear this patient may be a good candidate for an initial trial of cognitive behavioral therapy this would be done in with an initial 3-4 sessions over a 2 week period, according to MTUS Guidelines. Based on this initial trial of 3-4 sessions which must include documentation of any functional improvements he made as a result of these initial sessions, he may or may not be a candidate for further sessions. According to the guidelines for cognitive behavioral therapy an initial block of 3-4 sessions is used and can be followed with up to a total maximum of 10 sessions only if functional improvement is demonstrated and shown based on the initial set of three to four sessions. This request for 12 sessions bypasses the proper procedures as reflected in the treatment guidelines. There the cognitive behavioral therapy, as requested, is not medically necessary.