

Case Number:	CM13-0056709		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2012
Decision Date:	06/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/22/2013

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 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 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 21-year-old female who reported an injury on 05/02/2012. The mechanism of injury was a fall. Per the clinical note dated 01/07/2014, the injured worker continued to report low back pain. The injured worker reported the average pain without medication was 10/10 and with medication was 6/10. On physical examination, there was tenderness to palpation at L3-5 with increased pain upon flexion and extension. Forward flexion to the lumbar spine was 20 degrees, right lateral bending was 20 degrees, left lateral 25 degrees, and straight leg raise was positive bilaterally. The injured worker's gait and posture were normal. There were no paraspinal muscle spasms, strength and sensation in the upper and lower extremities were normal, and deep tendon reflexes for the upper and lower extremities were normal bilaterally. Treatments to date have included narcotic pain medicine and x-rays. The injured worker was also using a TENS Unit for her low back and has a topical cream for inflammation in her back. Per the progress note dated 01/09/2013, the diagnoses for the injured worker were reported to include lumbosacral sprain and strain, myofascial pain syndrome, and lumbosacral disc injury. The Request for Authorization for 19 visits of cognitive behavioral therapy was not provided in the documentation, nor was the provider's rationale for the request for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

19 VISITS OF COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PSYCHOLOGICAL. Decision based on Non-MTUS Citation ODG

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

Decision rationale: The California MTUS Guidelines recommend initial therapy for at risk patients to be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider a separate psychotherapy cognitive behavior training referral after 4 weeks if there is a lack of progress from physical medicine alone. The guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6 to 10 visits over 5 to 6 weeks of individual sessions are recommended. There was a lack of documentation regarding prior physical therapy sessions and a home based exercise program. The documentation provided reported the injured worker was to begin physical therapy treatment in 09/2013; however, there is no further documentation regarding sessions attended and the efficacy of those sessions. There is a lack of documentation regarding whether the injured worker had prior cognitive behavioral therapy as well as the efficacy of the prior therapy including objective functional improvement. There was a lack of a psychological assessment or any psychological tests to indicate the severity of the injured worker's symptoms and establish a baseline by which to assess improvements in the injured worker's condition throughout treatment. In addition, there was a lack of documentation regarding any significant psychological symptoms within the provided medical records. Therefore, the request for 19 visits of cognitive behavioral therapy is not medically necessary and appropriate.