MAXIMUS Federal Services

Case Number:	CM13-0070371		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2006
Decision Date:	05/30/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 Psychologist, 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 46 year old male with reported date of injury on 02/27/2006; the mechanism of injury was not provided within the medical records. The injured worker had low back pain which persistantly radiated down the bilateral lower extremities. The injured worker reported 8/10 pain. The injured worker had multilevel disc disease and underwent a lumbar provocative disogram on 02/02/10 which was unequivocally positive at L4-5 greater than L3-4 and l5-S1. It was noted the injured worker was possibly a surgical candidate but he was felt to be too unstable to undergo surgery due to his poorly controlled hypertension as well as undergoing coronary bypass graft, x3 vessels on November 20, 2012. The injured worker had extensive conservative management including spinal cord stimlation and trial and an intrathecal pump trial. The injured worker had aqua therapy and remained on oral analgesic medications. Which enabled him to function on a daily basis, as well as to parcipate in aqua therapy two times per week. 24 sessions of psychotherapy visits were requested to improve his coping skills and combat both his anxiey disorder, which resulted in him having panic attacks, and the depressive disorder. The request for authorization was on submitted on 02/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 COGNITIVE THERAPY VISITS (ONCE A WEEK FOR 24 WEEKS): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 321-322.

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

Decision rationale: The requested 24 cognitive therapy visits (once a week for 24 weeks) are not medically necessary. The injured worker has had low back pain that persistantly radiated down the bilateral lower extremities. He stated his pain was rated 8/10. The injured worker had multilevel disc disease and underwent a lumbar provocative disogram on 02/02/10 which was unequivocally positive at L4-5 greater than L3-4 and l5-S1. It was noted the injured worker was possibly a surgical candidate but he was felt to be too unstable to undergo surgery due to his poorly controlled hypertension as well as undergoing coronary bypass graft, x3 vessels on November 20, 2012. The injured worker had extensive conservative management including spinal cord stimlation and trial and an intrathecal pump trial. The injured worker had aqua therapy and remained on oral analgesic medications. Which enabled him to function on a daily basis, as well as to parcipate in aqua therapy two times per week. The California MTUS Guidelines state the identification and reinforcement of coping skills is often more usefull in the treatment of pain than ongoing medication or therapy,which could lead to psychological or physical dependence. The guidelines recommend screening for injured workers with risk factors for delayed recovery, including fear avoidance beliefs. The guidelines note intial therapy for the at risk injured workers should be physical medicine for exercise instruction, using a cognitive motivational approach to physcial medicine for exercise instruction. The guidelines recommend considering a separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medince. The guidelines recommend an intial trial of 3-4 psychotherapy visits over two weeks and with evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks (individual sessions). The number of sessions requested exceeds the guideline recommendations. There was a lack of documentatoin of a full and complete psychological assessment that would indicate the injured worker's need for therapy at this time and establish a baseline by which to assess objective improvement throughout therapy. Therefore, the requested cognitive therapy visits are not medically necessary or appropriate.