

Case Number:	CM13-0071686		
Date Assigned:	01/03/2014	Date of Injury:	02/27/2006
Decision Date:	06/05/2014	UR Denial Date:	12/05/2013
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 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:

Based on the records provided for this independent medical review, this patient is a 46 year old male who reported an industrial / occupational work-related injury on February 27th 2006. The cause of the injury was not specified in the medical reports included for this review. The patient reports low back pain radiating down both lower extremities that is aggravated by bending twisting and turning. The patient is considered to be a surgical candidate for multi-level disc problems however his blood pressure and recent cardiovascular problems he is considered too unstable medically to undergo the surgery. He has been provided extensive conservative medical treatment so far including, a spinal cord stimulator trial and an intrathecal pump trial. The patient is showing ongoing depression and anxiety and has been recommended for cognitive behavioral treatment, he is currently taking pain medications various narcotic/ opiate medications as well as wellbutrin for Depression. The patient has been diagnosed with Dysthymic Disorder, Psychological factors affecting physical condition, and Anxiety Disorder Not otherwise specified. The notes state he has a very serious depression secondary to his medical problems.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT 10 INDIVIDUAL CBT (COGNITIVE BEHAVIORAL SESSIONS):

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: In determining whether or not this patient is in need of 10 sessions of cognitive behavioral therapy (CBT) two issues are to be considered: whether or not the patient needs the treatment from a psychological perspective and secondly whether or not the request is within the appropriate disability guidelines. This patient may in fact meet the requirement for medical necessity with regards to needing psychological treatment; however, the protocol and guidelines in the MTUS specifically state that CBT is a recommended treatment choice for certain chronic pain patients and that an initial block of 3-4 sessions be offered as a trial with additional sessions contingent on reported and documented objective functional improvements as a result of these initial three to four sessions. The request for 10 sessions at the outset without undergoing the preliminary trial to determine treatment response and effectiveness for the patient is outside of the recommended guidelines and protocol. Therefore, without documentation of functional improvement, medical necessity cannot be established.