

Case Number:	CM13-0072159		
Date Assigned:	01/08/2014	Date of Injury:	05/03/2005
Decision Date:	06/05/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 52 year old female with date of injury reported on 05/03/2005. The injured worker complained of low back pain. The injured workers physical findings included tenderness to palpation across the lower back, lumbar spine testing showed decreased range of motion in flexion, extension, and lateral flexion and rotation. According to psychotherapy note dated 12/04/2013 the injured worker has been attending cognitive behavior therapy since 04/03/2013 with a total of 31 visits. After 19 sessions on 08/27/2013 the injured worker was noted to have increased Post-trauma Checklist score from 75 to 80 as compared to 05/29/2013 when she had only completed 5 sessions. The injured worker's diagnoses included chronic lower back pain status post anterior fusion L4-5 and L5-S1 on 09/29/2008, and left L4 and L5 radiculopathy. The injured workers medication regimen included Toradol, Percocet, Neurontin, Duexis, Zanaflex, Colace, Seroquel, Adderall, Effexor and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL 9 COGNITIVE BEHAVIORAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The CA MTUS guidelines recommend the initial trial of 3-4 psychotherapy visits over 2 weeks is recommended with evidence of objective functional improvement before continuing the psychotherapy with the total of up to 10 visits being recommended. According to psychotherapy note dated 12/04/2013, the injured worker has been attending cognitive behavior therapy since 04/03/2013 with a total of 31 visits. As the request is for 9 additional visits, this exceeds the recommended guidelines. In addition, when comparing Post-trauma Checklist score from 05/29/2013 to 08/27/2013 the claimant got worse. Therefore, the request for additional 9 cognitive behavioral therapy is not medically necessary.