

Case Number:	CM14-0103508		
Date Assigned:	07/30/2014	Date of Injury:	09/05/2007
Decision Date:	08/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on 09/05/2007 after a fall. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, medical marijuana, multiple other medications, epidural steroid injections, a transcutaneous electrical nerve stimulation (TENS) unit and acupuncture. The most recent clinical evaluation submitted for review was dated 05/01/2014. It was noted that the injured worker had decreased sensation to light touch in the medial aspect of the foot, dorsal surface of the hallux and proximal left lateral calf, and decreased Achilles reflex bilaterally. The injured worker had decreased motor strength of the bilateral lower extremities and a positive straight leg raising test. A request was made for cognitive behavioral therapy 12 visits. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy.

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

Decision rationale: The requested cognitive behavioral therapy for 12 visits is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does recommend cognitive behavioral therapy for injured workers who are at risk for delayed recovery. However, the clinical documentation submitted for review does not provide any evidence that the injured worker has previously undergone any type of psychological therapy or cognitive behavioral therapy. California Medical Treatment Utilization Schedule recommends a 3 to 4 visit initial trial to establish efficacy of treatment. The request exceeds this recommendation. There are no exceptional factors noted to support extending treatment beyond guideline recommendations. As such, the requested cognitive behavioral therapy for 12 visits is not medically necessary.