

Case Number:	CM14-0104933		
Date Assigned:	07/30/2014	Date of Injury:	10/04/2012
Decision Date:	09/12/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 Child & Adolescent Psychiatry, 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:

The injured worker is a 51 year old male who was injured on October 4, 2012. He slipped and fell at work, injuring his buttocks and low back. The injured worker developed continuous burning low back pain with numbness in his feet. He experiences poor sleep, feelings of stress, anxiety, sadness, and poor activity tolerance. The injured worker has been unable to return to work as a result of the pain. The latest progress report recommended the medication gabapentin to treat neuropathic pain, and a course of psychotherapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Cognitive Behavioral Therapy Visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines: CBT.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions, for chronic pain, page 23 of 127 Page(s): 23 OF 127.

Decision rationale: MTUS guidelines indicate that psychotherapy is helpful in the treatment of individuals with chronic pain. It can help in cases with delayed recovery, and in addressing fear avoidance behaviors, and thus lead to earlier return to work. The recommendation is an initial

trial of 3- 4 sessions over 2 weeks, which can be followed by up to 10 sessions over 5 - 6 weeks if there has been objective functional improvement. The previous UR denial based the decision on the injured worker's mental health symptoms, arguing that because the criteria for Major Depression or an anxiety disorder were not met, and because the mental health symptoms appeared to be minimal, that medical necessity was not met. However, the MTUS guidelines refer to chronic pain, and not to depression and anxiety or mental health symptoms, so that the denial rationale is invalid. As the injured worker continues to experience chronic severe back pain, the MTUS recommendation for 3 - 4 sessions is appropriate, so that on this basis Cognitive Behavioral Therapy is medically necessary.