

Case Number:	CM14-0106063		
Date Assigned:	07/30/2014	Date of Injury:	07/14/2006
Decision Date:	08/29/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/09/2014

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 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 71-year-old male who reported an injury on 07/14/2006 due to repetitive duties on the job, where he worked at. Diagnoses were status post multi failed back surgeries, postlaminectomy syndrome, status post failed spinal cord stimulator, depression, chronic axial low back pain with associated left lower extremity radiculopathy. Past treatments were walking, aquatherapy, physical therapy, and several epidural steroid injections. Diagnostic studies were not submitted. Past surgical history was laminectomy 2004, a spine surgery in 2006, and another 1 in 2009. The injured worker had a physical examination on 01/06/2014 with complaints of pain level at 6/10 to 7/10 with medications, and it was stated that the patient does not go without his medications. There were complaints of not getting a restful night's sleep. The injured worker had complaints of pain in the lower back as well as the left leg and left hip. Examination of the lumbar spine revealed tenderness to palpation. There was evidence of paravertebral muscular spasticity. Range of motion forward flexion was approximately 20 degrees, extension was to 10 degrees, lateral bending was approximately 10 degrees bilaterally. There was a left-sided positive straight leg raise to 20 degrees, which produced overall back pain. On the right side he had a normal straight leg raise. Examination of the hips revealed increased left hip pain with a limited range of motion and strength. Medications were OxyContin 15 mg 1 twice a day, oxycodone 10 mg 1 three times a day as needed for pain, Cymbalta 60 mg, and a blood thinner. The treatment plan was for additional cognitive behavior therapy times 6. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL COGNITIVE BEHAVIOR THERAPY X6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Cognitive Behavioral Therapy.

Decision rationale: The request for additional cognitive behavior therapy is non-certified. The California Medical Treatment Utilization Schedule states psychological treatment is recommend for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing comorbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The medical guideline recommends a stepped care approach to pain management that involves psychological intervention. First you need to identify and address specific concerns about pain and enhance interventions that emphasize self-management. The role of the psychologist at this point includes education and training of pain care providers in how to screen for patients that may need early psychological intervention. Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy. The last step is pain is sustained in spite of continued therapy (including the above psychological care). Intensive care may be required from mental health professions allowing for a multidisciplinary treatment approach. It was reported back in 10/01/2013 that 6 additional sessions of cognitive and behavioral therapy were requested. It is unknown how many sessions the injured worker has had. The Official Disability Guidelines states for cognitive behavioral therapy up to 13 to 20 visits over a 7 to 20 week period, if progress is being made. The provider should evaluate symptoms and improvements during the process, so treatment failures can be identified early and alternative treatment strategies can be pursued if appropriate. It is unknown how many sessions of cognitive behavioral therapy have been attended. Therefore, the request is non-certified.