

Case Number:	CM14-0011920		
Date Assigned:	02/21/2014	Date of Injury:	02/25/2011
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 Psychologist 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 62-year-old male who reported an injury on 02/25/2011 due to unknown mechanism. The injured worker complained of low back and hip pain rated 4/10 on the pain scale. On physical examination dated 02/26/2014 there was favoring of the left lower extremity when ambulating, range of motion was limited compared to the right. The injured worker's diagnoses include psychiatric Axis I anxiety disorder not otherwise specified (NOS), moderate with psychological factors affecting an orthopedic condition. Sprain lumbar spine, and degenerative disc disease. The injured worker's medication include ibuprofen, gabapentin, and acetaminophen. The injured worker's treatments/diagnostics are magnetic resonance imaging (MRI) dated 3/2011, electromyogram and nerve conduction study (EMG/NCS) in 02/2012 results not documented in clinical notes, and 6 physical therapy. The request for authorization form dated 10/15/2013 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, #6: 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 Behavioral Interventions Page(s): 23.

Decision rationale: The request for cognitive behavioral therapy is not medically necessary. The California Medical Treatment Schedule (MTUS) guidelines recommend Cognitive Behavioral Therapy (CBT) for chronic pain when there was been a screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ) Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone: Initial trial of 3-4 psychotherapy visits over 2 weeks With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions). Initial therapy for these "at risk" patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. The injured worker complained of pain and decrease sleep. There is no supporting objective or subjective clinical documentation of the injured worker showing fear, delayed recovering. As indicated per guidelines the request for cognitive therapy number 6 would exceed initial trial of 3-4 visits over 2 weeks. As such the request is not medically necessary.