

Case Number:	CM14-0013980		
Date Assigned:	02/26/2014	Date of Injury:	01/04/2012
Decision Date:	07/21/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/04/2014

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 and Rehabilitation 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 48-year-old male who reported an injury on 01/04/2012 secondary to unknown mechanism of injury. The injured worker was evaluated on 12/17/2013 for reports of a flare up of lower back pain noting the pain at 5/10 radiating to his left lower extremity with intermittent numbness and tingling. The injured worker further indicated that he has discontinued his Prozac as it made him feel out of it and he does not want to take any other antidepressants. The physical exam was unremarkable. Diagnoses include degeneration of the lumbar discs, spondylosis, depression, unspecified major depression, and generalized anxiety disorder. The treatment plan included multiple lumbar facet injections, a surgical consultation, discontinue Prozac, continued cognitive behavioral therapy, and continued medications. The request for authorization and rationale were not found in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Additional Sessions Of Cognitive Behavioral Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS chronic pain treatment guidelines behavioral

interventions page(s): 23. Decision based on non-mtus citation official disability guidelines (odg), mental illness and stress chapter, cognitive behavioral therapy.

Decision rationale: The request for 12 additional sessions of cognitive behavioral treatment is non-certified. The California MTUS guidelines may recommend psychotherapy. The identification and reinforcement of coping skills is often more useful in the treatment of pain than ongoing medication or therapy, which could lead to psychological or physical dependence. The official disability guidelines recommend cognitive behavioral therapy for chronic pain to screen for patients with risk factors for delayed recovery, including fear-avoidance beliefs. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks is recommended. The documentation noted the injured worker to have diagnoses of depression, unspecified major depression, and generalized anxiety disorder. However, there is no quantitative evidence of testing for level of depression, anxiety, or other psychological signs and symptoms in the form of formal test scores in the documentation provided. There is also no quantitative evidence of testing for level of depression, anxiety, or other psychological signs and symptoms in the form of formal test scores after the initial sessions in the documentation provided. The injured worker has already completed a total of 10 prior cognitive behavioral therapy sessions. The request for 12 sessions in addition to the prior 10 sessions exceeds the recommended number of visits (6 to 10). There is a significant lack of evidence of objective functional improvement in the documentation provided with the prior 10 sessions. Therefore, based on the documentation provided, the request is non-certified.