

Case Number:	CM14-0016412		
Date Assigned:	04/11/2014	Date of Injury:	03/08/2013
Decision Date:	06/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Pain Medicine 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 patient is a 24 year old female who was injured on 03/08/2013 when she was lifting a heavy package. The patient underwent lumbar laminotomy, foraminotomy at L4-L5 on 08/14/2013 and a transforaminal epidural steroid injection at L4-L5 on 12/26/2013 and 07/23/2013 and 07/09/2013. The Orthopedic follow-up evaluation dated 01/14/2014 reports the patient continues to have discomfort and pain the low back area. She reported her pain on the left side of the lower back is persistent and limits her range of motion. She has not been able to go back to work. On exam, the lumbar spine ranges of motion exhibits forward flexion to 35 degrees; lateral bending bilaterally to 10 degrees; and rotation bilaterally to 5 degrees. There is pain toward terminal range of motion. Sciatic notch is positive and PSIS is nontender bilaterally. Straight leg raise is negative bilaterally and Faber test is negative bilaterally. Plantar flexion response is negative bilaterally. There is decreased sensation to light touch over L1-L5, S1. Diagnostic impressions are lumbar radiculopathy and degenerative disk disease of the lumbar spine. The treatment and plan includes a request of 12 sessions of cognitive behavior with a psychologist and chiropractic care. She will continue her anti-inflammatory medication. A Prior UR dated 01/27/2014 states the request for 12 cognitive behavioral therapy visits is non-certified as there is no indication suggesting the patient needs behavioral therapy nor is there any evidence documenting degenerative disc disease of the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 COGNITIVE BEHAVIORAL THERAPY VISITS: 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 Evaluations Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress, Psychological Evaluations

Decision rationale: The CA MTUS and ODG Guidelines recommend psychological evaluations to identify appropriate patients in which patients continue to experience chronic pain beyond the typical timeframe, as well as to distinguish problems that were pre-existing, or work related. The medical records document that the patient had lumbar spine surgery on 08/14/2013, and continues to have low back pain. There is no documentation of other ongoing treatments or current home exercise program. Further, the documents show no pre-existing behavioral health condition, or evidence that patient has tried any other treatment options post-surgery. Based on the CA MTUS and ODG guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary. The request is not medically necessary.