

Case Number:	CM14-0116234		
Date Assigned:	08/04/2014	Date of Injury:	11/30/2011
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/24/2014

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 29-year-old male who reported an injury on 11/30/2011. On 03/05/2014 the injured worker presented with pain in the leg and radiating symptoms down the leg. Upon examination, there was decreased range of motion of the lumbar spine with increased pain towards terminal range of motion. There was 5/5 strength in the bilateral lower extremities and intact sensation. Diagnoses were disc herniation to the lumbar spine, radiculopathy, sacroiliitis, lumbago and drug dependency. Prior treatment included medications and injections. The provider recommended individual cognitive behavioral therapy. He stated that he may need to take psychotropic medications. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Individual Cognitive Behavioral Therapy x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 400-401. Decision based on Non-MTUS Citation Official Disability Guidelines - Illness and Stress Procedure Summary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for Individual Cognitive Behavioral Therapy x 6 months is non-certified. The California MTUS guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3-4 psychotherapy visits over two weeks would be recommended, and with evidence of objective functional improvements, a total of up to 6-10 visits over 5-6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy as well as establish a baseline by which to assess improvements during therapy. Additionally, the providers request does not indicate the amount of Cognitive Behavioral Therapy being requested, or the frequency of the therapy in the request as submitted. The request for CBT times 6 months exceed the guideline recommendations. As such, the request is non-certified.