

Case Number:	CM14-0116558		
Date Assigned:	08/04/2014	Date of Injury:	08/17/2012
Decision Date:	09/22/2014	UR Denial Date:	07/23/2014
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 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:

According to the records made available for review, this is a 39-year-old female with an 8/17/12 date of injury. At the time (7/23/14) of the Decision for Cognitive Behavioral Psychotherapy Qty: 7 - 10 and Consult for FRP (Functional Restoration Programs), there is documentation of subjective (feeling depressed and anxious) and objective (not specified) findings, current diagnoses (low back and bilateral radicular pain, lumbar disc degeneration, and major depressive disorder), and treatment to date (chiropractic treatment, medications, and cognitive behavioral therapy). Regarding cognitive behavior psychotherapy, the number of previous treatments cannot be determined and there is no documentation of objective functional improvement following previous treatments. Regarding Consult for FRP (Functional Restoration Programs), there is no documentation that there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Psychotherapy Qty: 7 - 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Cognitive Behavioral Therapy (CBT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that behavioral interventions are recommended. MTUS Guidelines go on to recommend an initial trial of 3-4 psychotherapy visits over 2 weeks, and with evidence of objective functional improvement, a total of 6-10 visits over 5-6 weeks (individual sessions). Within the medical information available for review, there is documentation of a diagnosis of major depressive disorder. In addition, there is documentation of previous cognitive behavioral therapy. However, there is no documentation of the number of treatments completed to date and objective functional improvement following previous treatments. Therefore, based on guidelines and a review of the evidence, the request for Cognitive Behavioral Psychotherapy Qty: 7 - 10 is not medically necessary.

Consult for FRP (Functional Restoration Programs): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain (Chronic) Functional Restoration Programs (FRPs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain programs (functional restoration programs) Page(s): 31-32.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that previous methods of treating chronic pain have been unsuccessful and there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change, as criteria necessary to support the medical necessity of chronic pain program evaluation. Within the medical information available for review, there is documentation of diagnoses of low back and bilateral radicular pain, lumbar disc degeneration, and major depressive disorder. In addition, there is documentation of conservative treatment (chiropractic treatment, medications, and cognitive behavioral therapy). However, there is no documentation that there is an absence of other options likely to result in significant clinical improvement; the patient has a significant loss of ability to function independently resulting from the chronic pain; the patient is not a candidate where surgery or other treatments would clearly be warranted; and the patient exhibits motivation to change. Therefore, based on guidelines and a review of the evidence, the request for Consult for FRP (Functional Restoration Programs) is not medically necessary.