

Case Number:	CM14-0138594		
Date Assigned:	09/05/2014	Date of Injury:	02/08/2008
Decision Date:	11/04/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/27/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; opioid therapy; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report dated August 4, 2014, the claims administrator denied a request for cognitive behavioral therapy, stating that the attending provider had not documented whether or not earlier psychotherapy (if any) was or was not effective. The applicant's attorney subsequently appealed. In an August 26, 2014 appeal letter, the attending provider stated that she was seeking six sessions of cognitive behavioral therapy, not one session of cognitive behavioral therapy. It was stated that the claimant was a surgical candidate but that her ability to pursue a surgical intervention was constrained by her depressive symptoms and poor coping skills. In an August 6, 2014 progress note, the applicant presented with a primary diagnosis of chronic low back pain. The applicant's medication list included Cymbalta, Soma, Topamax, Norco, Lunesta, Amitiza, Colace, and Morphine. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 1 session: Overturned

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 ACOEM Chapter 15 Stress Related Conditions Page(s): 398.

Decision rationale: The treating provider has suggested that the applicant has poor pain coping skills which are reportedly hampering her ability to pursue planned lumbar spine surgery. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 398, education to provide the framework to encourage an applicant to enhance his or her coping skills should be employed, both acutely and in a preventive manner. In this case, the applicant's poor coping skills are apparently limiting her ability to pursue otherwise recommended surgical treatment. The proposed one session of cognitive behavioral therapy can potentially ameliorate the applicant's maladaptive coping mechanisms. Therefore, the request is medically necessary.