

Case Number:	CM14-0179249		
Date Assigned:	11/03/2014	Date of Injury:	02/20/2014
Decision Date:	12/09/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Internal Medicine and is licensed to practice in Pennsylvania. 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 30-year-old gentleman with a date of injury of 02/20/2014. An office visit note by the treating physician dated 09/03/2014 identified the mechanism of injury as moving heavy boxes, resulting in lower back pain. Office visit notes by the treating physician dated 07/07/2014, 08/06/2014, and 09/15/2014 and a pain consultation follow up note dated 09/03/2014 indicated the worker was experiencing worsening lower back pain that went into both legs with leg numbness and tingling, and anxious mood. These symptoms continued to worsen and decrease the worker's function despite aggressive conservative treatments. Documented examinations consistently described tenderness in the lower back, positive testing involving a straightened right leg, and painful movement of the lower back. The submitted and reviewed documentation concluded the worker was suffering from lower back pain with radiculopathy and a bulging L4 disk with stenosis. Treatment recommendations included oral pain medications, work modifications, a surgical consultation, and cognitive behavioral therapy. A Utilization Review decision was rendered on 10/13/2014 recommending non-certification for cognitive behavioral therapy for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy (anxiety): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG; regarding cognitive behavioral therapy (CBT)

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

Decision rationale: The MTUS Guidelines recommend the use of cognitive behavioral therapy, a type of psychological treatment, as a secondary treatment for those with risk factors for delayed recovery. Initial treatment should include at least 4 weeks of physical therapy with a cognitive motivational approach. If this is insufficient, a trial of 3 to 4 psychotherapy visits over two weeks should be considered. If the worker demonstrates functional improvement, another six to ten visits over six weeks can be considered. The submitted and reviewed documentation indicated the worker was experiencing worsening lower back pain that went into both legs, leg numbness and tingling, and anxious mood. These symptoms continued to worsen and decrease the worker's function despite aggressive conservative treatments, including physical therapy. However, the request is for an infinite number of cognitive behavioral therapy sessions. A trial showing functional improvement was not done. Further, this would not allow for changes in the worker's condition or clinical needs. For these reasons, the current request for an infinite number of cognitive behavioral therapy sessions for anxiety is not medically necessary.