

Case Number:	CM14-0021491		
Date Assigned:	05/07/2014	Date of Injury:	01/20/2012
Decision Date:	07/09/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/20/2014

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 Psychology 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 claimant is a 37 year-old male (██████████) with a date of injury of 1/20/12. The claimant sustained injury to his back when lifting a heavy piece of marble while working as a laborer for ██████████. In their PR-2 report dated 4/16/14, ██████████ and Physician Assistant, ██████████, diagnosed the claimant with: (1) Chronic pain syndrome - unstable; (2) Spasm of muscle-chronic stable; and (3) lumbar sprain strain - chronic stable.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Behavioral Interventions, page 23 and Psychological Treatment, pages 101-102 and Non-MTUS Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT), Guidelines for chronic pain.

Decision rationale: The CA MTUS guidelines regarding the use of psychological treatment and behavioral interventions in the treatment of chronic pain conditions will be used as references for this case. Based on the review of the medical records, the claimant has been struggling with chronic pain sine his injury in 2012. It does not appear that he has participated in any type of psychological services as a result of his work-related injury. In his "Comprehensive Physical

Medical Evaluation and Request for Treatment" dated 10/9/13, [REDACTED] noted that the claimant's pain coping skills are poor and felt that this could be a factor for delayed recovery. As a result, [REDACTED] recommended cognitive behavioral therapy. Although the claimant will likely benefit from CBT sessions, a request for services is premature as a thorough psychological assessment/evaluation is needed first in order to not only offer more specific diagnostic information, but present appropriate psychological treatment recommendations. As a result, the request for "COGNITIVE BEHAVIORAL THERAPY" is not medically necessary. It is noted that the claimant received a modified authorization for a psychological evaluation in response to this request.