MAXIMUS Federal Services

Case Number:	CM14-0022350		
Date Assigned:	05/09/2014	Date of Injury:	03/31/2012
Decision Date:	08/22/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/21/2014

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 48-year-old male who reported an injury on 03/31/2012. The mechanism of injury was reported as cumulative trauma. The diagnoses included lumbar myoligamentous injury and associated facet arthropathy with bilateral lower extremities radiculopathy. Prior therapies included lumbar epidural steroid injections and medications. Diagnostic studies included an electromyography (EMG) of the lower extremities and a lumbar spine magnetic resonance imaging (MRI). Per the 02/24/2014 pain management consultation, the injured worker reported 50% pain relief and improvement in mobility and activity tolerance with an epidural steroid injection. Objective findings included tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. Current medications included Norco, Anaprox, Prilosec, Neurontin, and Fexmid. The treatment plan included 10 individual cognitive behavioral psychotherapy sessions. It was noted a request was partially certified for 3 sessions and the injured worker was pending scheduling. The rationale for the request was to address the injured worker's depression. The request for authorization form was not present in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) INDIVIDUAL COGNITIVE BEHAVIORAL PSYCHOTHERAPY SESSIONS:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BEHAVIORAL INTERVENTIONS Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Treatment Page(s): 101-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Behavioral interventions.

Decision rationale: The request for 10 individual cognitive behavioral psychotherapy sessions is not medically necessary. The California MTUS Guidelines state psychological treatment is recommended for appropriately identified injured workers during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. The Official Disability Guidelines further state, an initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended. The medical records provided indicate the injured worker was recommended for cognitive behavioral therapy to address his depression. There is a lack of documentation regarding the injured worker's depression to warrant cognitive behavioral therapy. In addition, the request for 10 sessions exceeds the guideline recommendations of a 3 to 4 visit initial trial. Based on this information, the request is not supported. As such, the request is not medically necessary.