

Case Number:	CM14-0022701		
Date Assigned:	06/11/2014	Date of Injury:	07/26/2010
Decision Date:	08/01/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 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 28-year-old female who reported an injury on 07/26/2010. The mechanism of injury was not provided. The diagnoses included lumbago, chronic pain, lumbar radiculopathy, and depression. The prior therapies included physical therapy, H-Wave trial, and NSAIDs. Per the 01/06/2014 clinical note, the injured worker had undergone 3 surgical procedures for her back including a laminectomy, discectomy, and fusion at L5-S1. The injured worker reported her pain had persisted. She also reported feeling increasingly depressed and despondent and taking large quantities of pain medication. It was noted the injured worker was virtually confined to her home and unable to sleep at night. She reported an erratic appetite and gaining weight. The mental status examination noted the injured worker to be extremely anxious, nervous, fidgety, and irritable. The provider recommended she see a therapist for cognitive behavioral therapy. He noted she needed ongoing psychiatric care and treatment to alleviate the effects of the industrial injury. 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:

COGNITIVE BEHAVIORAL THERAPY 1 TIMES PER WEEK X 12 WEEKS: Upheld

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

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

Decision rationale: The California MTUS Guidelines state psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. For the recommended number of visits, the Official Disability Guidelines were referenced. The Official Disability Guidelines recommend an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits may be recommended. The medical records provided indicate the injured worker was experiencing depression and anxiety due to her chronic pain. Other therapies were not effective. Based on this information, cognitive behavioral therapy would be appropriate. However, the request for 12 visits exceeds the Guideline recommendations of a 3 to 4 visit trial. As such, the request is not medically necessary.