

Case Number:	CM14-0023111		
Date Assigned:	05/14/2014	Date of Injury:	05/03/1984
Decision Date:	08/19/2014	UR Denial Date:	02/03/2014
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 licensed in Clinical Psychology, has a subspecialty in Health Psychology and Pain Management 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:

According to the records provided for this independent medical review, this patient is a 68 year old male who reported an industrial/occupational work-related injury on May 3, 1984. This injury occurred while he was working as a keyboardist and twisting with prolonged sitting and reaching resulting in low back pain. There is a subsequent injury on July 16, 1991, while working as an auxiliary operator for a municipal garbage facility. There is a note stating his injury is the result of cumulative trauma up to May 3, 1984, with acute injury of July 16, 1991, aggravating pre-existing degenerative lumbar disc disease of industrial causation. The patient has pain complaints of low back pain radiating down his right leg to the foot with numbness, tingling, and weakness. Current psychiatric medications include: Lexapro and Ambien. A request for cognitive behavioral intervention for the lumbar spine was non-certified on Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIORAL INTERVENTION FOR THE LUMBAR SPINE:

Overtured

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 Cognitive Behavioral Interventions and Psychological Interventions Page(s): 23 and 101. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: This patient has a pre-existing, long-standing, depressive disorder that is being treated with psychiatric medications. According to the MTUS Guidelines, psychological treatment is recommended for appropriately identified patients during treatment for chronic pain. Based on the MTUS Guidelines, a treatment course of cognitive behavioral therapy at this juncture is appropriate and potentially beneficial. Therefore, the requested services are medically necessary and appropriate.