

Case Number:	CM14-0031751		
Date Assigned:	06/20/2014	Date of Injury:	10/06/2010
Decision Date:	08/05/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 a licensed Psychologist 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 45-year-old female who reported an injury on 10/06/2010, the injured worker complained of low to mid back pain. On physical examination (dated 02/11/2014), it shows a range of motion in the spinous process of the L5-S1 at flexion of 30, extension of 10 degrees, right lateral bending of 15 degrees, and left lateral bending of 20 degrees. Diagnoses are lumbar degenerative disc disease, depression with anxiety, facet arthrosis, and lateral recess stenosis. The injured worker's current medications include Ambien 5 mg at bedtime, Norco 10/325 mg 1 by mouth twice a day as needed for pain, and Motrin 800 mg 1 by mouth twice a day with food. Prior treatment diagnostics include a bilateral medial branch block at L5-S1. The treatment plan was for 12 sessions of cognitive behavioral group therapy. The Request for Authorization form was not provided within the documentation reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Sessions of Cognitive Behavioral Group Psychotherapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Mental Illness and Stress Chapter.

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

Decision rationale: The California MTUS Guidelines recommend the identification and reinforcements of coping skills is often more useful in the treatment than ongoing medication or therapy, which could lead to psychological or physical dependence. According to the Official Disability Guidelines (ODG) regarding Cognitive Behavioral Therapy (CBT) for chronic pain: "Screen for patients with risk factors for delayed recovery, including fear avoidance beliefs. See Fear-avoidance beliefs questionnaire (FABQ). Initial therapy for these at risk patients should be physical medicine for exercise instruction, using a cognitive motivational approach to physical medicine. Consider separate psychotherapy CBT referral after 4 weeks if lack of progress from physical medicine alone - Initial trial of 3-4 psychotherapy visits over 2 weeks - With evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks (individual sessions)" In this case, the injured worker had no subjective or objective clinical documentation on the injured worker's capacity for psychological insight or psychological judgment. There was with no clinical documentation to support the request. In addition, the request for 12 sessions of cognitive behavioral group therapy would exceed guidelines. As such the request for 12 sessions of cognitive behavioral group psychotherapy is not medically necessary and appropriate.