

Case Number:	CM14-0033451		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2011
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/17/2014

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 30 year old female who reported an injury on 11/21/2011 from repetitive lifting. The injured worker had a history lower back pain with diagnoses of acquired spondylolisthesis, displaced of lumbar intervertebral disc without myelopathy and degeneration of lumbar/ lumbosacral intervertebral disc. The medications included gabapentin 600 three times a day, OxyContin 20mg every 12 hours and Mobic with no dosage given. Per the injured worker, her pain to the lumbar region of 5-6/10 using the VAS scale. Per the chart note dated 11/06/2012 and again on 02/14/2013, no nervousness, no anxiety or insomnia was noted. Prior treatment has included facet injection as well as physical therapy in 2012, chiropractic care in 2013, acupuncture twice a week times two weeks and a TENS unit. The authorization form dated 06/20/2014 was submitted within the documentation. The rationale for cognitive behavioral therapy was not provided on the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten (10) cognitive behavioral therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment. Decision based on Non-MTUS Citation ODG, cognitive behavioral therapy (CBT) guidelines for chronic pain.

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

Decision rationale: The California MTUS Guidelines state identifying and reinforcement of coping skills is more useful in the treatment of pain than ongoing medication or therapy. The use of ongoing medication or therapy could lead to psychological or physical dependence. The California Guidelines MTUS support an initial trial of 3-4 psychotherapy visits over 2 weeks and with evidence of objective functional improvement a total of up to 6-10 visits over 5-6 weeks is recommended. Per the chart notes dated 11/02/2012 and 02/14/2013, it was noted that the injured worker did not have anxiety, nervousness or insomnia. The documentation did not provide findings to support the injured worker required cognitive behavioral therapy. Also, the request exceeds the guideline recommendations of an initial trial of 3-4 visits. As such the request for 10 cognitive behavioral therapy sessions is not medically necessary.