

Case Number:	CM14-0052059		
Date Assigned:	07/07/2014	Date of Injury:	12/31/2009
Decision Date:	09/05/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/21/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 57 year old individual was reportedly injured on 12/31/2009. The mechanism of injury is undisclosed. The most recent progress note, dated 3/31/2014, indicated that there were ongoing complaints of chronic low back pain. There are no current physical exam findings available with this note. It does state to please see attached chart notes; however, they were not submitted for review. No recent diagnostic studies are available for review. Previous treatment included previous lumbar fusion, physical therapy, individual psychotherapy sessions, biofeedback, and medication, and lumbar branch Neurotomy. A request was made for cognitive behavior two times a week for three weeks, physical therapy of the lumbar spine two times a week for eight weeks and was not certified in the preauthorization process on 4/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy 2 x 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Cognitive Behavioral Therapy (CBT) for chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain (Chronic) Cognitive Behavioral Therapy, updated 7/10/2014.

Decision rationale: Cognitive behavioral therapy is recommended for appropriately identified patients during treatment for chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and post traumatic stress disorder). Cognitive behavioral therapy and self-regulatory treatments have been found to be particularly effective. Psychological treatment incorporated into pain treatment has been found to have a positive short term effect on pain interference and long term effect on return to work. The following stepped care approach to pain management that involves psychological intervention has been suggested. After review of the medical records provided, it is noted during the utilization review, that the individual has had recent individual psychotherapy sessions with no durable response of improvement. Therefore, this request is deemed not medically necessary.