

Case Number:	CM14-0073161		
Date Assigned:	07/16/2014	Date of Injury:	01/22/2003
Decision Date:	09/09/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 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 69-year-old male who reported an injury on 01/22/2003. The mechanism of injury was not provided. On 01/14/2014, the injured worker presented with lower back pain. The diagnoses were thoracic or lumbosacral neuritis or radiculitis, not otherwise specified, and lumbar or lumbosacral disc degeneration. Upon examination of the lumbar spine, there was restricted range of motion and a positive straight leg raise to the right. There was decreased sensation to pinprick over the lateral calf and lateral thigh on the right side. Prior therapy included medications. The provider recommended cognitive behavioral therapy 12 sessions. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavior Therapy 12 - Sessions Body part - L-spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines (ODG) Psychotherapy Guidelines; Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ODG Cognitive Behavior Therapy guidelines for chronic pain Page(s): 23.

Decision rationale: The request for Cognitive Behavior Therapy 12 - Sessions Body part - L-spine is non-certified. The California MTUS Guidelines recommend a psychotherapy referral after a 4 week lack of progress from physical medicine alone. An initial trial of 3 psychotherapy visits to 4 psychotherapy visits over 2 weeks would be recommended, and with evidence of functional improvement, a total of up to 6 visits to 10 visits over 5 weeks to 6 weeks would be recommended. The requesting physician did not include an adequate psychological assessment including quantifiable data in order to demonstrate significant deficits which would require therapy, as well establish a baseline by which to assess improvements during therapy. As such, the request is non-certified.