

Case Number:	CM14-0093965		
Date Assigned:	09/22/2014	Date of Injury:	06/10/2009
Decision Date:	10/31/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/19/2014

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 43-year-old male who reported an injury on 06/10/2009. The mechanism of injury involved heavy lifting. The current diagnosis is depressive psychosis. The latest physician progress report submitted for this review is documented on 05/20/2014. The injured worker reported a limited ability to perform part time job duties due to increased pain. Previous conservative treatment is noted to include physical therapy, injections, medications, lumbar traction, chiropractic treatment, and cognitive behavioral therapy. It is also noted that the injured worker is status post lumbar fusion in 05/2012. The injured worker has completed at least 12 sessions of cognitive behavioral therapy to date. The injured worker scored a 16 on the BECK Depression Inventory, indicating mild depression. Treatment recommendations at that time included additional cognitive behavioral therapy sessions, twice per month. There was no Request for Authorization form submitted for this review. According to this report, the patient complains of low back pain. Tenderness is noted over the paraspinals musculature with muscle guarding and spasm. Straight leg test is positive electing increased radicular symptoms. Range of motion of the lumbar spine is restricted. Sensation is decreased in the bilateral lower extremities in a patchy distribution. There were no other significant findings noted on this report. The utilization review denied the request on 08/25/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/24/2014 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Cognitive Behavioral Therapy: Upheld

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

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

Decision rationale: The California MTUS Guidelines utilize ODG cognitive behavioral therapy guidelines for chronic pain, which allow for an initial trial of 3 to 4 psychotherapy visits over 2 weeks. With evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be appropriate. As per the documentation submitted for this review, the injured worker has completed a substantial amount of cognitive behavioral therapy sessions to date. An additional 6 sessions would further exceed guideline recommendations. There is no documentation of a significant functional improvement that would warrant the need for ongoing treatment. As such, the request is not medically appropriate at this time.