

Case Number:	CM14-0165951		
Date Assigned:	10/13/2014	Date of Injury:	06/14/2013
Decision Date:	01/22/2015	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/08/2014

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 Psychologist (PHD, PSYD) and is licensed to practice in California. 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 37 year-old male [REDACTED] who was injured on the job on June 23, 2013. He sustained an injury to his lower back. According to the progress note of April 23, 2014, the injured worker had back surgery on January 21, 2014 with postsurgical physical therapy. According to the progress note of July 2, 2014, the injured worker had a flexion of 40 degrees out of 60, extension of 20 degrees out of 25, right lateral bending of 20 degrees out of 25 and left lateral bending of 25 degrees out of 25 with a left and right normal motor exam after surgery. The injured worker no longer was using an assistive device for walking. On September 25, 2014, the UR denied cognitive behavioral therapy three times a week for four weeks, as not medically necessary citing that the documentation submitted for review failed to support the injured worker as having any cognitive behavioral issues and it failed to support any mental diagnoses to support the need for cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COGNITIVE BEHAVIOR THERAPY 3X4-LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment, Behavioral interventions Page(s): 101-102, 23.

Decision rationale: The CA MTUS guideline regarding the use of psychological treatment and behavioral interventions will be used as references for this case. In his 8/27/14 progress report, treating physician [REDACTED] wrote, "I am going to request some cognitive behavioral therapy for him to see if he can calm down his nerves since he is also very anxious. I am hoping that by calming his nerves down, we can get his pain under better control." Although CBT may be helpful, the request for sessions is premature as a psychological evaluation has not been completed. The CA MTUS states, "Step 2: Identify patients who continue to experience pain and disability after the usual time of recovery. At this point a consultation with a psychologist allows for screening, assessment of goals, and further treatment options, including brief individual or group therapy." Without a psychological evaluation that will offer more specific diagnostic information and relevant and appropriate treatment recommendations, the need for CBT services cannot be fully determined. As a result, the request for "COGNITIVE BEHAVIOR THERAPY 3X4-LUMBAR" is not medically necessary.