

Case Number:	CM14-0192289		
Date Assigned:	11/26/2014	Date of Injury:	01/08/2010
Decision Date:	02/11/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/17/2014

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 licensed 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 35 year-old female (██████████) with a date of injury of 1/8/2010. The injured worker sustained injury to her back while assisting a patient in the restroom while working at ██████████. In the office visit note dated 10/9/14, Dr. ██████ assessed the injured worker to have: (1) Degeneration of lumbar or lumbosacral intervertebral disc, sub-optimal control; (2) Opioid type dependence, unspecified use, compliant; (3) Patellofemoral pain syndrome, fairly controlled; (4) Psychic factors associated with diseases classified elsewhere, fairly controlled; (5) Spinal stenosis of lumbar region, poorly controlled; (6) Radiculitis, thoracic or lumbar, sub-optimal control; (7) Trochanteric bursitis of right hip, stable; (8) Sprain of other specified sites of knee and leg, stable; and (9) Pain in joint involving forearm, fairly controlled. The request under review is for an initial 10 cognitive therapy sessions to assist in pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23, 101, 114.

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

Decision rationale: Based on the review of the limited medical records, the injured worker has continued to experience chronic pain since her injury in January 2010. Based on her continued pain, Dr. ■■■ recommended an initial trial of cognitive behavioral therapy to assist in pain management. The CA MTUS recommends an "initial trial of 3-4 psychotherapy visits over 2 weeks" and "with evidence of objective functional improvement, total of up to 6-10 visits over 5-6 weeks" may be needed. Utilizing this guideline, the request for an initial trial of 10 psychotherapy visits exceeds the recommended number of initial sessions set forth by the CA MTUS. As a result, the request for "Cognitive Behavioral Therapy x 10" is not medically necessary. It is noted that the injured worker received a modification of an initial 4 CBT sessions in response to this request.