

Case Number:	CM15-0005293		
Date Assigned:	01/16/2015	Date of Injury:	10/26/2009
Decision Date:	03/16/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/09/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 46 year old female sustained an industrial injury on 10/26/09. She subsequently reports chronic lumbar pain. MRI's have noted abnormalities of the spine. The injured worker has undergone acupuncture, physical therapy, nerve conduction studies, and steroid injections and had right rotator cuff surgery. The UR decision dated 12/12/14 partially certified Additional Cognitive Bio-Behavioral Therapy, 12 sessions of per 12/05/14 form to allow an initial trial of 4 sessions. This decision was based on CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Cognitive Bio-Behavioral Therapy, 12 Sessions of Per 12/05/14 Form:

Overtaken

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions Page(s): 23. Decision based on Non-MTUS Citation ODG, Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Psychological Treatment

Decision rationale: The patient presents with unrated neck and lower back pain which has been progressively increasing, occasional left lower extremity numbness. The patient's date of injury is 10/26/09. Patient is status post workplace injury, has no documented surgical history directed at chief complaints. The request is for ADDITIONAL COGNITIVE BIO-BEHAVIORAL THERAPY 12 SESSIONS OF PER 12/05/14 FORM. The RFA for this request was not provided. Physical examination dated 12/04/14 revealed pain on palpation to the lumbar paraspinal muscles bilaterally from L3 to S1, pain over the lumbar intervertebral discs, pain elicitation on lumbar flexion and extension. Cervical examination notes pain elicitation when neck is flexed forward. The patient is currently prescribed Norco, Butrans, Cyclobenzaprine, Ondansetron, Restoril, and Tompamax. Diagnostic imaging was not included. Patient is classified permanent and stationary. ODG Guidelines, Pain Chapter, under Psychological Treatment states: "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." Guidelines recommend Up to 13-20 visits over 7-20 weeks -individual sessions-, if progress is being made."In regards to the request for bio-behavioral therapy, the treatment appears reasonable. Progress reports provided do not indicate that this patient has undergone any psychological treatment to date. Utilization review denied the request on grounds that a 4 session trial was required, though no such trial is specified by guidelines. The MTUS recommends 3-4 sessions trial which was based on prior ODG recommendations. Current and updated ODG guidelines support 13-20 visits if progress is being made. Therefore, this request IS medically necessary.