

Case Number:	CM15-0102129		
Date Assigned:	06/04/2015	Date of Injury:	06/06/2006
Decision Date:	07/03/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 06/06/2006. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having positive diagnostic right sacroiliac joint injection, right sacroiliac joint pain, lumbar fusion at lumbar four to sacral one, central disc protrusion at lumbar three to four, lumbar facet joint pain, lumbar facet joint arthropathy, lumbar post lumbar laminectomy syndrome, lumbar disc protrusion, lumbar stenosis, and status post lumbar fusion. Treatment and diagnostic studies to date has included a functional capacity evaluation, medication regimen, and status post lumbar fusions at 3 levels in 2008. In a progress note dated 03/17/2015 the treating physician reports complaints of pain to the bilateral low back that radiates to the right buttock with the right worse than the left. Examination reveals tenderness on palpation to the lumbar paraspinal muscles, restricted range of motion to the bilateral lower extremities and lumbar spine secondary to pain, positive lumbar provocative maneuvers bilaterally, and positive sacroiliac provocative maneuvers on the right side. The treating physician requested eight sessions of cognitive behavioral therapy, but the documentation provided did not indicate the specific reason for the requested therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive Behavioral Therapy, 8 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Cognitive behavioral therapy (CBT).

Decision rationale: The claimant sustained a work-related injury in June 2006 and is being treated for chronic low back pain with radiation to the right buttock. Medications include MS Contin and oxycodone at high doses and a spinal cord stimulator is being considered. An functional capacity evaluation had determined a minimal sedentary work capacity. When seen, there was lumbar spine paraspinal muscle tenderness with decreased range of motion. Opioid medications were to be tapered. In term of cognitive behavioral therapy, guidelines recommend an initial trial of 6 visits over 6 weeks and with evidence of objective functional improvement, a total of up to 13-20 individual sessions over 7-20 weeks. In this case, the number of sessions being requested is in excess of the guideline recommendation and it is unclear as to the reason for the request. It is not considered medically necessary.