MAXIMUS Federal Services

Case Number:	CM15-0165136		
Date Assigned:	09/02/2015	Date of Injury:	04/28/2010
Decision Date:	10/06/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: Psychologist

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 39 year old female, who sustained an industrial injury on April 28, 2010. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having low back pain, sacroiliac joint pain, depression, anxiety and chronic pain syndrome. Treatment to date has included an S1 joint belt, medication, home exercises and injections. She continues to wear her S1 joint belt during periods of increased pain and feels that it does provide pain relief during those times. She reported being able to work full duty with the help of her medications. Injections were noted to provide over 50% pain relief, allowing her pain to return to baseline. On August 5, 2015, the injured worker complained of pain in her low back and right buttock rated as an 8-9 on a 1-10 pain scale without medication and as a 7-8 on the pain scale with medication. The pain was noted to be better with changing positions, medications and injections. She was noted to be more emotional lately due to her chronic pain. She has a hard time dealing with her pain when it flares up. The treatment plan included home exercises, S1 joint belt, toradol injection and medication. A request was made for cognitive behavioral therapy for sacroiliac and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBT x 6 sessions, Low back/sacroiliac: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Cognitive Behavioral Therapy (CBT) Guidelines for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter: Cognitive behavioral therapy.

Decision rationale: Based on the review of the medical records, the injured worker continues to experience chronic pain since her injury in 2010. It also appears that she developed psychiatric symptoms of anxiety and depression secondary to her work-related chronic pain and received psychotherapy services from [redacted] for an unknown number of sessions. It is unknown when psychotherapy commenced with [redacted]. In the only psychological record included for review, a PR-2 report from March 2015, [redacted] does not indicate the number of completed sessions to date nor the progress and improvements that were made as a result of those sessions. She does however, indicate an increase in psychiatric symptoms and recommended an additional 6 psychotherapy sessions. Since there is no subsequent documentation, it is unclear whether those additional sessions were authorized and completed. Without more information about the completed services to date, the need for additional treatment cannot be determined. As a result, the request for an additional 6 psychotherapy sessions is not medically necessary.