

Case Number:	CM15-0167898		
Date Assigned:	09/08/2015	Date of Injury:	10/04/2013
Decision Date:	10/13/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/26/2015

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:

This injured worker is a 43 year old female, with a date of injury of 10-04-2013. Diagnoses include lumbar sprain and strain, myofascial pain, right lumbar radiculopathy and chronic pain syndrome. Treatment to date has included (surgical intervention as well as) conservative measures including diagnostics, medications, acupuncture, chiropractic care, physical therapy, and 5 sessions of cognitive behavioral therapy. Per the Primary Treating Physician's Progress Report (PR-2) dated 4-09-2015, the injured worker reported low back pain with pain radiating into the right groin, and numbness in the right thigh. She reported her pain level as 7-8 out of 10 in severity. Objective findings of the low back included tenderness and decreased range of motion over the right sacroiliac region. The plan of care included medications, physical therapy and use of transcutaneous electrical nerve stimulation (TENS). And authorization was requested for 12 sessions of cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official

Disability Guidelines (ODG-TWC), Chapter: Mental Illness and Stress - Cognitive behavioral therapy (CBT); ODG Psychotherapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions.

Decision rationale: Based on the review of the medical records, the injured worker completed a psychological evaluation with [REDACTED] in March 2015. In that report, the injured worker was diagnosed with a pain disorder. She completed an initial trial of 3 psychotherapy sessions from April 14 through May 12th with [REDACTED]. In the 5/12/15 report, additional treatment was recommended. It is assumed that an additional 5 sessions were authorized as there are two additional reports dated 7/1/15 and 7/15/15 indicating session numbers 4 and 5 of an authorized 5 visits. There were no reports from June included for review. Based on this information, the injured worker has completed a total of 8 psychotherapy visits for the treatment of chronic pain. The CA MTUS recommends a "total of 6-10 visits" for the treatment of chronic pain. As a result, the request for an additional 12 sessions exceeds the number of visits set forth by the CA MTUS. As a result, the request is not medically necessary.