

Case Number:	CM15-0189392		
Date Assigned:	10/01/2015	Date of Injury:	09/30/2008
Decision Date:	11/09/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/25/2015

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 30 year old female, who sustained an industrial-work injury on 9-30-08. She reported initial complaints of head and back pain. The injured worker was diagnosed as having lumbar sprain-strain, sacroiliac joint dysfunction and pelvic obliquity, lumbar degenerative disc disease and bilateral radiculitis, lumbar facet disease, and chronic pain syndrome. Treatment to date has included medication, yoga, acupuncture, massage, chiropractic sessions (beneficial), injections (not helpful), and home exercise program. MRI results were reported lumbosacral degenerative disc disease, facet joint arthritis L3-4, L4-5. Currently, the injured worker complains of pain in the low back. Pain before medication was 9 out of 10 and 2 out of 10 with medication. Current meds include Xanax and Flexeril. Per the primary physician's progress report (PR-2) on 8-13-15, exam of the cervical spine is negative. The lumbar spine reveals pelvic obliquity with the left higher than the right, diffuse tenderness in the lumbosacral and sacroiliac region and gluteal region, decreased range of motion about 75% to side bending and extension, and normal strength and stability. There is decreased sensation on the outside of both thighs, more prominent on the left, and decreased on outside of the calf and feet, and positive straight leg raise bilaterally. Current plan of care includes restart physical therapy and cognitive behavior therapy. The Request for Authorization requested service to include Cognitive behavioral therapy x 5. The Utilization Review on 8-28-15 denied the request for Cognitive behavioral therapy x 5, per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 injury in September 2008 and is being treated for low back injuries sustained as the result of repetitive heavy lifting. When seen, he was having back pain. Prior treatments had included yoga, acupuncture, massage, and chiropractic care, which had been beneficial. Injections had not helped. An MRI scan included findings of lumbar degenerative disc disease with facet arthritis. Pain was rated at 6/10. He was not working. Physical examination findings included cervical and lumbar tenderness with decreased lumbar range of motion. There was right greater than left sacroiliac region tenderness. There was low back pain with straight leg raising. A trial of Pamelor and authorization for x-rays was requested as well as a cognitive behavioral eval with four treatments and 6 sessions of physical therapy. In terms 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, however, the claimant has not undergone the required psychological evaluation that would be needed to determine whether cognitive behavioral therapy would be an appropriate treatment. Requesting treatment without having undergone the evaluation cannot be accepted as being medically necessary.