

Case Number:	CM15-0196294		
Date Assigned:	10/09/2015	Date of Injury:	05/13/2008
Decision Date:	11/24/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/06/2015

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, Hawaii

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 injured worker is a 43 year old female, who sustained an industrial injury on 05-13-2008. The injured worker was diagnosed as having chronic pain syndrome, lumbar strain-sprain and disc herniation L4-L5 with bilateral radiculopathy - chronic. And lumbar post laminectomy radiculitis. On medical records dated 09-14-2015, the subjective complaints were noted as ongoing chronic pain. Objective findings were noted as low back with decreased painful range of motion. Treatments to date included medication, epidural injections, and physical therapy (unknown # of visits). The injured worker was noted to be permanent and stationary. Current medications were listed as Lyrica, Diclofenac and Vicodin. The Utilization Review (UR) was dated 09-15-2015. A request for cognitive behavioral therapy x 6 sessions. The UR submitted for this medical review indicated that the request for cognitive behavioral therapy x 6 sessions was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cognitive behavioral therapy x 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (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 rationale: The patient presents with pain affecting the low back. The current request is for Cognitive behavioral therapy x 6 sessions. The treating physician report dated 7/16/15 (14B) states, "Progress with authorized cognitive behavioral therapy." MTUS support cognitive behavioral therapy for chronic pain, but for initial trial of 3-4 sessions and no more than 10 sessions with progress. The medical reports provided show the patient has received 3 visits of cognitive behavioral therapy previously (36B). In this case, the patient has received an initial trial of 3 visits and the treating physician has stated that the patient is making progress. Furthermore, the current request of an additional 6 visits does not exceed the 10 visits allowed by the MTUS guidelines. The current request is medically necessary.