MAXIMUS Federal Services

Case Number:	CM15-0021419		
Date Assigned:	02/11/2015	Date of Injury:	12/07/2013
Decision Date:	04/03/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/04/2015

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: Texas
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 47-year-old male who reported an injury on 12/07/2013. A previous request for 6 sessions of cognitive behavioral therapy had been declined on 01/20/2015 as there was no indication of lack of progress from physical therapy. When the injured worker was seen on 02/05/2015, he complained of lower back and neck pain rated as a 7/10 with positive spasms and decreased range of motion of the lumbar spine. He also had trapezial pain with a plan for the injured worker to see a spinal surgeon as it was noted that he had declined the option of an LESI to determine his next step of treatment. He was to continue with a TENS unit and a home exercise program with the recommendation to potentially utilize a heating patch. The injured worker further stated that his chronic pain had caused significant impact on his mood. He had poor sleeping with no motivation over pain and disability. Additionally, he stated being depressed and anxious, with his Patient Health Questionnaire score of 21. He had been diagnosed with lumbar disc degenerative disease, facet arthrosis, and retrolisthesis of L4-5 with bilateral lumbosacral radiculitis unspecified. He had previously undergone chiropractic treatments and physical therapy, and had been utilizing gabapentin which he stated helped. He stated that the acupuncture treatments he had also been provided did not sustain long term benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Sessions of Cognitive Behavioral Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

Decision rationale: According to the California MTUS Guidelines, cognitive behavioral therapy is for injured workers who have risk factors for delayed recovery. In the case of this injured worker, the most recent clinical documentation from 02/2015 did not indicate that he was continuing to suffer from any form of delayed recovery in regard to improvement of his functional abilities. There was also no reference to the injured worker having undergone a fear-avoidance belief questionnaire to determine if he had any cognitive deficits that may be hindering his improvement. Additionally, the request exceeds the maximum allowance for initial trial of 3 to 4 psychotherapy sessions over 2 weeks. There must be documentation of functional improvement to support ongoing sessions. Therefore, the medical necessity of the request has not been established.